

**DIRECTORY OF  
DEPARTMENT OF HEALTH  
AND SENIOR SERVICES  
GRANT PROGRAMS  
FOR THE  
2005 - 2006 FISCAL YEAR  
  
FEBRUARY 2005**

**Prepared by:  
Office of Financial Services**

**Fred M. Jacobs, M.D., J.D.  
Commissioner**



**State of New Jersey**  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
PO BOX 360  
TRENTON, N.J. 08625-0360

RICHARD J. CODEY  
*Acting Governor*

[www.nj.gov/health](http://www.nj.gov/health)

FRED M. JACOBS, M.D., J.D.  
*Commissioner*

February 2005

TO ALL INTERESTED CITIZENS:

The Department of Health and Senior Services is pleased to provide the enclosed Directory of Grant Programs for the State Fiscal Year 2006. This directory provides a comprehensive listing of grant funds available from the Department. If additional grant funds become available during the year, the Department will publish information about them in the New Jersey Register.

The Department of Health and Senior Services awards grants from State appropriations, federal awards, and other funding sources. Since the award and appropriations of these funds do not always conform to the State Fiscal Year, the information included in this directory is based on the anticipated grant programs that will become available during the period July 1, 2005 through June 30, 2006.

The directory is divided into separate programs, which provide specific services through grant awards. Many programs are funded jointly by State, federal and other funds. The information identified in the directory is without reference to the source of funding.

There are certain funds awarded within the grant category that have been excluded from this directory. They represent formula grants which, by law, are distributed to specific agencies (i.e., counties and municipalities); special legislation to provide funding to a specific agency; and disbursement of funds by other than grants awards. Please contact the Grants Management and Review Program at 609-588-7448 to provide additional information on these programs or by fax at 609-588-3100.

To receive additional copies of this directory, please contact the Grants Management and Review Program. Copies can be downloaded from Department's web site at [www.state.nj.us/health](http://www.state.nj.us/health). Grant forms and reports are also available at the same web site address.

Sincerely,

Fred M. Jacobs, M.D., J.D.  
Commissioner

Enclosure

***This publication may be viewed and printed through the Internet:***

<http://www.state.nj.us/health/mgmt/mgmt&adm.htm>

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Care and Treatment

**STATUTORY AUTHORITY:**

New Jersey Statute 26:5 C-1 et seq.

**GRANT PROGRAM NO.** 06-11-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants and  
Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To develop a coordinated continuum of care for individuals with HIV/AIDS and their families. Specific activities include: medical and nursing care, dental, outreach, drug treatment services, case management, housing and support services.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants range from \$25,000 to \$500,000. Awards begin on July 1, 2005 and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards will be made based on satisfactory progress and evaluation, and availability of funds. Current recipients of health service grants who have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

---

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, private non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies. Preference will be given to current recipients of grants.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Experience with the provision of community health and social services. Experience with HIV/AIDS and/or affected populations. Appropriate professional licenses and compliance with appropriate regulations.

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**APPLICATION PROCEDURES:**

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) may be released to eligible entities, including those who have submitted concept papers.

---

**FOR INFORMATION CONTACT:**

Director, Care and Treatment Unit  
Division of HIV/AIDS Services  
P.O. Box 363  
Trenton, New Jersey 08625-0363

**TELEPHONE:** (609) 984-6328

**FAX:** (609) 292-4244

**E-MAIL:** carmine.grasso@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant. Information will be included in the Request for Application. Concept papers will be accepted throughout the year.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified within one month of the beginning of the project period.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

HIV Counseling and Testing/  
Notification Assistance Program

**STATUTORY AUTHORITY:**

Sec. 301 (A) 317 PHS Act as Amended  
(Federal)

**GRANT PROGRAM NO.** 06-12-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants and  
Letters of Agreement

---

**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide HIV counseling and testing and partner notification services at free-standing alternative counseling and testing sites to include health centers, hospitals, local health departments, drug treatment centers, sexually transmitted disease clinics, tuberculosis clinics, family planning programs, prenatal clinics, and other community-based health agencies.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants range from \$20,000 to \$425,000. Awards begin on or about January 1, 2006 and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards will be made based on satisfactory progress and evaluation, and availability of funds.

---

**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

---

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, private and public non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies. Preference will be given to current recipients of grants.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrated ability to provide specialized health care services, and an ability to access populations impacted by HIV/AIDS. Experience with a variety of community-based health agencies in delivering services to patients in need. Direct patient care providers must be certified as HIV Counselors, or eligible for such a certification.

---

**APPLICATION PROCEDURES:**

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) may be released to eligible entities, including those who submitted concept papers.

---

**FOR INFORMATION CONTACT:**

Director, Care and Treatment Unit  
Division of HIV/AIDS Services  
P.O. Box 363  
Trenton, New Jersey 08625-0363

**TELEPHONE:** (609) 984-6328

**FAX:** (609) 292-4244

**E-MAIL:** carmine.grasso@doh.state.nj.us

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by Grant. Information may be included in formal RFA document three (3) months prior to the funding period. Concept papers will be accepted throughout the year.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified within one month of the beginning of the project period.



## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

HIV Counseling and Testing/  
Notification Assistance Program

**STATUTORY AUTHORITY:**

New Jersey Statute 26:5 C-1 et seq.

**GRANT PROGRAM NO.** 06-13-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants and  
Letters of Agreement

---

**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide HIV counseling and testing and partner notification services at free-standing and alternative counseling and testing sites to include community health centers, hospitals, local health departments, drug treatment centers, sexually transmitted disease clinics, tuberculosis clinics, family planning programs, prenatal clinics, and community-based health agencies.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants range from \$30,000 to \$200,000. Awards begin on or about July 1, 2005 and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards will be made based on satisfactory progress and availability of funds.

---

**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

---

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, private and public non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies. Preference will be given to current recipients of grants.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrated ability to provide specialized health care services, and to access populations impacted by HIV/AIDS. Experience with a variety of community-based health agencies in delivering services to patients in need. Direct patient care providers must be certified as HIV Counselors, or eligible for such a certification.

---

**APPLICATION PROCEDURES:**

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) may be released to eligible entities, including those who have submitted concept papers.

---

**FOR INFORMATION CONTACT:**

Director, Care and Treatment Unit  
Division of HIV/AIDS Services  
P.O. Box 363  
Trenton, New Jersey 08625-0363

**TELEPHONE:** (609) 984-6328

**FAX:** (609) 292-4244

**E-MAIL:** carmine.grasso@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by Grant. Information may be included in formal RFA document three (3) months prior to the funding period. Concept papers will be accepted throughout the year.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified within one month of the beginning of the project period.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Housing Opportunities Program  
for Persons with AIDS

**GRANT PROGRAM NO.** 06-10-AIDS**STATUTORY AUTHORITY:**

AIDS Housing Opportunities Act  
Housing and Community Development Act (1992)

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants and  
Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide federal HOPWA funds to develop housing opportunities for low-income households with HIV/AIDS.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants can range up to \$500,000. Awards will begin on October 1, 2005, and will be made for a 12-month budget period. Funding estimates may vary and are subject to the availability of federal funds. Continuation awards will not be made.

---

**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

---

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, private non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Experience with the provision of community housing and social services. Experience with HIV/AIDS and/or affected populations. Appropriate professional licenses and compliance with appropriate regulations.

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**APPLICATION PROCEDURES:**

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) may be released to eligible entities, including those who have submitted concept papers.

---

**FOR INFORMATION CONTACT:**

Director, Care and Treatment Unit  
Division of HIV/AIDS Services  
P.O. Box 363  
Trenton, New Jersey 08625-0363

**TELEPHONE:** (609) 984-6328**FAX:** (609) 292-4244**E-MAIL:** carmine.grasso@doh.state.nj.us

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant. Information may be included in the Request for Application. Concept papers will be accepted throughout the year.

---

**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified within one month of the beginning of the project period.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

HIV Health Education/Risk Reduction

**STATUTORY AUTHORITY:**

New Jersey Statute 26:5C-1 et seq. (State)

**GRANT PROGRAM NO.** 06-15-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide HIV/AIDS primary and secondary prevention/education, outreach, referral and support services to individuals at increased risk of infection through a variety of interventions, including: street and community outreach, health education/risk reduction programs, community-intervention programs and HIV prevention case management. Priority populations to include women and adolescents at high risk of HIV infection, injecting drug users and their sexual partners, the gay/lesbian community and persons living with HIV/AIDS.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$2,400,000 is available in SFY2006 to fund seven to ten awards. Grants range from approximately \$50,000 to \$500,000. Awards will begin on or about July 1, 2005, and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards within an approved budget period will be made based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and which have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, non-profit corporations, community-based agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Varies by grant.

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**APPLICATION PROCEDURES:**

Submit a concept paper to person listed below, delineating goals and objectives with tentative budget. Then based on availability of funds, a Request for Proposal (RFP) may be released by the Department to all eligible entities, including those who have submitted concept papers.

---

**FOR INFORMATION CONTACT:**

Steven Saunders, M.S.

Division of HIV/AIDS Services

P.O. Box 363

Trenton, NJ 08625-0363

**TELEPHONE:** (609) 984-6050

**FAX:** (609) 292-6009

**E-MAIL:** errol.saunders@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant; usually four months prior to funding.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies by grant; usually two months prior to funding.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

HIV Health Education/Risk Reduction

**STATUTORY AUTHORITY:**

(Federal) SEC 301(A)317, Public Health Services  
Act as amended

**GRANT PROGRAM NO.** 06-16-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants  
Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide HIV/AIDS primary and secondary prevention/education, outreach, referral and support services to individuals at increased risk of infection through a variety of interventions, including: street and community outreach, health education/risk reduction programs, community-intervention programs and HIV prevention case management. Priority populations to include women and adolescents at high risk of HIV infection, injecting drug users and their sexual partners, the gay/lesbian community and persons living with HIV/AIDS.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$5,900,000 should be available in SFY2006 to fund 17 to 25 awards. Grants range from approximately \$40,000 to \$500,000. Awards will begin on or about January 1, 2006, and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards within an approved budget period will be based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and have performed satisfactorily will be given first priority for continued funding.

---

**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, non-profit corporations, community-based agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Varies by grant.

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**APPLICATION PROCEDURES:**

Submit a concept paper to person listed below, delineating goals and objectives with tentative budget. Then based on availability of funds, a Request for Proposal (RFP) may be released by the Department to all eligible entities, including those who have submitted concept papers.

---

**FOR INFORMATION CONTACT:**

Steven Saunders, M.S.

Division of HIV/AIDS Services

P.O. Box 363

Trenton, NJ 08625-0363

**TELEPHONE:** (609) 984-6050

**FAX:** (609) 292-6009

**E-MAIL:** errol.saunders@doh.state.nj.us

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant; usually four months prior to funding.

---

**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies by grant; usually two months prior to funding.

## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Public Information

**GRANT PROGRAM NO.** 06-17-AIDS

**STATUTORY AUTHORITY:**

SEC 301(A) 317, Public Health Service Act as  
Amended, New Jersey Statute 26:5 c-1 et seq.

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants  
Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To build general awareness and knowledge of HIV/AIDS through public information and education programs and multi-faceted awareness campaigns; to provide HIV/AIDS prevention and information through speakers bureau/toll free hotline services.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$500,000 should be available in SFY 2006 to fund up to two awards. Grants range from \$70,000 to \$500,000. Awards will begin on or about July 1, 2005 and January 1, 2006, and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards will be based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and have performed satisfactorily will be given first priority for continued funding.

---

**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
  2. General and specific Grant Compliance requirements issued by the Granting Agency.
  3. Applicable Federal Cost Principles relating to the Applicant.
- 

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, non-profit corporations, community-based agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Varies by grant.

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**APPLICATION PROCEDURES:**

Submit a concept paper to person listed below, delineating goals and objectives with tentative budget. Then based on availability of funds, a Request for Proposal (RFP) may be released by the Department to all eligible entities, including those who have submitted concept papers.

---

**FOR INFORMATION CONTACT:**

Steven Saunders, M.S.

Division of HIV/AIDS Services

P.O. Box 363

Trenton, NJ 08625-0363

**TELEPHONE:** (609) 984-6050

**FAX:** (609) 292-6009

**E-MAIL:** errol.saunders@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant; usually four months prior to funding.

---

**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies by grant; usually two months prior to funding.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Behavioral Surveillance

**GRANT PROGRAM NO.** 06-18-AIDS**STATUTORY AUTHORITY:**

PHS Act, Section 301(A), 311, 317 (K)(3)

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To conduct behavioral surveillance in the Newark Metropolitan Statistical Area. Persons identified at high risk for HIV will be surveyed to assess sexual and drug use history, testing experience and the use of prevention services. The data will help to enhance prevention planning.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants amount to \$226,017. Awards begin on January 1, 2006 and will be made for a 12-month budget period. Funding estimates vary and are subject to the Annual Appropriations Act. Continuation awards will be based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and which have performed satisfactorily will be given first priority for continued funding.

---

**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Universities, hospitals, non-profit corporations, state agencies, local governments and community-based organizations. Preference will be given to current recipients of grants.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Knowledge of HIV/AIDS in at risk populations. Proven ability to implement and follow epidemiologic study methodologies and CDC protocols in community-based agencies, shelters, drug treatment centers and neighborhood health clinics.

---

**APPLICATION PROCEDURES:**

Submit a concept paper to person listed below delineating goals and objectives and tentative budget.

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**FOR INFORMATION CONTACT:**

Helene Cross, Ph.D., Director, Epidemiologic Services  
Division of HIV/AIDS Services  
P.O. Box 363  
Trenton, NJ 08625-0363

**TELEPHONE:** (609) 984-5940**FAX:** (609) 633-2791**E-MAIL:** helene.cross@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification of award would usually be two months prior to the funding period.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Ryan White Title I

**STATUTORY AUTHORITY:**

Public Health Service Act

Public Law 104-146

**GRANT PROGRAM NO.** 06-19-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants and

Letters of Agreement

---

**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To develop a coordinated continuum of care for individuals with HIV and their families in Camden, Burlington, Gloucester, and Salem counties. Specific activities include: medical and nursing care, dental outreach, drug treatment services, case management, housing and support services.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$1.5 million is available. Awards begin on March 1, 2005 and will be made for a 12-month budget period. Funding estimates may vary and are contingent upon a Federal appropriation for the Ryan White CARE Act to the Department of Health and Senior Services. Contact the person identified below to determine if funds have been awarded, and to receive further information. Continuation awards will be based on satisfactory progress and evaluation, and availability of funds. Current recipients of grants who have performed satisfactorily will be given first priority for continued funding.

---

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1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

---

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, private non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies. Preference will be given to current recipients of grants.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Experience with the provision of community health and social services. Experience with HIV/AIDS and/or affected populations. Appropriate professional licenses and compliance with appropriate regulations.

---

**APPLICATION PROCEDURES:**

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) will be released to eligible entities, including those who have submitted concept papers.

---

**FOR INFORMATION CONTACT:**

Director, Care and Treatment Unit

Division of HIV/AIDS Services

P.O. Box 363

Trenton, NJ 08625-0363

**TELEPHONE:** (609) 984-6328

**FAX:** (609) 292-4244

**E -MAIL:** carmine.grasso@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant. Information will be included in the Request for Application. Concept papers will be accepted throughout the year.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified within one month of the beginning of the project period.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Ryan White Title II

**STATUTORY AUTHORITY:**

Public Health Service Act

Public Law 101-380

**GRANT PROGRAM NO.** 06-20-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants and

Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To develop a coordinated continuum of care for individuals with HIV and their families through the funding of HIV Care Consortia and outreach programs to marginalized populations. Services eligible to be funded by the Consortia include case management, primary medical care, transportation services, hospice, foodbank and meals, psychological services, drug treatment and housing services.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants range from \$10,000 to \$1,000,000. Awards begin on April 1, 2006 and will be made for a 12-month budget period. Funds are contingent upon a Federal appropriation for the Ryan White CARE Act to the Department of Health and Senior Services. Contact the person identified below to determine if funds have been awarded, and to receive further information. Continuation awards will be based on satisfactory progress and evaluation, and availability of funds. Current recipients of grants who have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, private non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies. Preference will be given to current recipients of grants.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Experience with the provision of community health and social services. Experience with HIV/AIDS and/or affected populations. Appropriate professional licenses and compliance with appropriate regulations.

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**APPLICATION PROCEDURES:**

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) may be released to eligible entities, including those who have submitted concept papers.

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**FOR INFORMATION CONTACT:**

Director, Care and Treatment Unit

Division of HIV/AIDS Services

P.O. Box 363

Trenton, New Jersey 08625-0363

**TELEPHONE:** (609) 984-6328

**FAX:** (609) 292-4244

**E-MAIL:** carmine.grasso@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant. Information will be included in the Request for Application. Concept papers will be accepted throughout the year.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified within one month of the beginning of the project period.



## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Chronic Renal Services

**STATUTORY AUTHORITY:**

N.J.S.A. Title 26:2-87

**GRANT PROGRAM NO.** 06-59-CR

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To extend financial assistance in obtaining select medications and nutritional supplements to eligible persons on chronic renal dialysis.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$428,000 should be available in SFY2006 to fund one award. It is expected that the award will begin on or about July 1, 2005 and end June 30, 2006. Funding estimates may vary and are subject to the Annual Appropriation Act.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Organization which has experience in providing financial assistance for qualified dialysis patients needing select medications and nutritional supplements to licensed New Jersey Renal Dialysis Centers.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Non-profit status. Ability to administer a web based system of reimbursement.

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**APPLICATION PROCEDURES:**

Contact Department's official designee listed below and request the Application for Grant.

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**FOR INFORMATION CONTACT:**

Elizabeth Solan, R.N., M.P.H.

Division of Family Health Services

P.O. Box 364, 50 East State Street

Trenton, NJ 08625-0364

**TELEPHONE:** (609) 984-6137

**FAX:** (609) 292-9288

**E -MAIL:** Elizabeth.Solan@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications are due by April 1, 2005.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified regarding funding by June 16, 2005.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Diabetes Prevention and Control Program

**GRANT PROGRAM NO.** 06-60-DCP**STATUTORY AUTHORITY:**

Public Health Service Act XIX Block Grants, Part A  
Preventive Health and Health Services Block Grant

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To implement diabetes related activities at the county/regional level including awareness raising activities for the general public, people with diabetes and providers.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Depending on availability of funds, approximately \$117,520 should be available to fund one award. The award will be for a one year budget period (July 1, 2005 through June 30, 2006)..

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Agencies may be health departments, hospitals, federally qualified health centers, home health agencies and community-based organizations.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Non-profit status. Depending on the nature of the services to be provided, applicants may need to have specialized staff such as diabetes educators, communication specialists, health educators, evaluators, etc.

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**APPLICATION PROCEDURES:**

Request for Application information will be mailed to targeted agencies six to eight weeks prior to due date. Applications are reviewed and grants and/or letters of agreement are awarded based upon the available funding.

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**FOR INFORMATION CONTACT:**

Mary Ann Reiter

New Jersey Department of Health and Senior Services

P.O. Box 364

Trenton, New Jersey 08625-0364

**TELEPHONE:** (609) 984-6137**FAX:** (609) 292-9288**E -MAIL:** maryann.reiter@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Request for Application will be mailed to targeted agencies six to eight weeks prior to the due date. Applications are reviewed and grants and/or letters of agreement are awarded based upon available funding.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applications must be submitted by April 1, 2005. Applicants will be notified of funding approval by June 15, 2005.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Huntington's Disease Services Program

**STATUTORY AUTHORITY:**

P.L. 1987, Chapter 390

**GRANT PROGRAM NO.** 06-63-HD

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To contract with a medical school to provide pre-symptomatic testing for Huntington's Disease, intensive counseling for Huntington's Disease victims and their families, and the provision of educational services to professionals and family members.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on appropriation of funds to the department. Approximately \$260,000 should be available for the Fiscal Year 2006 (July 1, 2005 to June 30, 2006) for one grant award. Contact the person identified on this form to determine whether the funds have been awarded and to receive further information.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

New Jersey medical schools with documented experience in counseling clients with Huntington's Disease and their families.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Documented experience in counseling clients with Huntington's Disease and their families, and previous working relationship with the NJ Chapter of the Huntington's Disease Society of America.

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**APPLICATION PROCEDURES:**

Submission of completed Application for Grant.

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**FOR INFORMATION CONTACT:**

Elizabeth Solan, R.N., M.P.H.

Division of Family Health Services

P.O. Box 364, 50 East State Street

Trenton, NJ 08625-0364

**TELEPHONE:** (609) 984-6137

**FAX:** (609) 292-9288

**E -MAIL:** Elizabeth.Solan@doh.state.nj.us

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications are due by April 1, 2005.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified regarding funding by June 15, 2005.

## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

New Jersey Cancer Education and Early Detection  
(NJCEED) Program

**STATUTORY AUTHORITY:**

Breast Cancer Mortality Act 1990

**GRANT PROGRAM NO.** 06-47-CED

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Centers for Disease Control and Prevention (CDC) funding is to be used to maintain outreach, education, screening, tracking and follow-up for breast and cervical cancer services to women at or below 250% of the Federal Poverty Level who are uninsured/underinsured and are age 50-64 years. State appropriated funds are to be used for outreach, education, screening, tracking and follow up for persons who are at or below 250% of the Federal Poverty Level who are uninsured/underinsured for: prostate cancer, colorectal cancer, breast (women under 50 and over 64 years of age; and, cervical cancer for women 18 years and older). Types of grant programs and the amount of funds released vary annually and are contingent upon the receipt of funds.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$2.5 million in federal Centers for Disease Control and Prevention (CDC) funding and approximately \$5 million in state funds should be available in Fiscal Year 2006 (July 1, 2005-June 30, 2006) to fund at least twenty-five (25) awards. It is expected that the average award will be approximately \$150,000. Funding estimates may vary and are subject to the actual amount of funds received. Applicants currently being funded for any of the above activities and have performed satisfactory, will be given first consideration for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
  2. General and specific Grant Compliance requirements issued by the Granting Agency.
  3. Applicable Federal Cost Principles relating to the Applicant.
- 

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Depending on the types of proposals released, applicable agencies may be not-for-profit: health departments, hospitals, community health centers, visiting nurse associations, federally qualified health centers, family planning agencies, etc.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Depending on the nature of the services to be provided, applicants may need to have specialized staff (clinical providers, health educators, case managers, patient navigators, etc.) to conduct grant activities and have the ability to provide/assure treatment, if breast, cervical, prostate and/or colorectal cancer is found.

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**APPLICATION PROCEDURES:**

Based on the availability of funding, Request of Applications (RFAs) will be mailed to targeted agencies. Technical Assistance meetings will be held. Grant applications received will be reviewed and grants will be awarded based upon the amount of funds available.

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**FOR INFORMATION CONTACT:**

Doreleena Sammons-Posey, Director  
Chronic Disease Prevention and Control Services  
50 East State Street, PO Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 292-8540

**FAX:** (609) 292-3580

**E-MAIL:** doreleena.sammons-posey@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applications are submitted approximately 4 weeks after release of RFA. Applicants will be notified approximately 4-5 weeks after completed applications are reviewed and approved by the Department.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Pharmaceutical Services for Adults with Cystic Fibrosis

**STATUTORY AUTHORITY:**

P.L. 1989, Chapter 270

**GRANT PROGRAM NO.** 06-67-SCH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide grant funds to a non-profit agency to assist adults with Cystic Fibrosis to purchase supplemental nutritious food, prescription drugs and medical supplies/equipment. It is expected that between 60-100 persons will receive assistance under this program. A minimum of eighty percent (80%) of the funds will be used to provide direct client benefits. A maximum of twenty percent (20%) may be used for administrative costs.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon State or Federal Appropriations. Approximately \$300,000 should be available for the Fiscal Year 2006 (July 1, 2005 to June 30, 2006) for one grant award. Continuation award will be made based on satisfactory performance and availability of funds.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

The New Jersey State Organization of Cystic Fibrosis was awarded this grant for a 3 year project period from July 1, 2004 through June 30, 2007. State fiscal year 2004-2005 is year 2 of the 3 year project period.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Non-profit status. Applicants must demonstrate the capability of administering State funds and experience in providing financial assistance and direct services to persons with Cystic Fibrosis.

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**APPLICATION PROCEDURES:**

Contact Department's official designee listed below and request the Application for Grant.

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**FOR INFORMATION CONTACT:**

Elizabeth Solan, R.N., M.P.H.

Division of Family Health Services

P.O. Box 364, 50 East State Street

Trenton, NJ 08625-0364

**TELEPHONE:** (609) 984-6137

**FAX:** (609) 292-9288

**E-MAIL:** Elizabeth.Solan@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications are due by April 1, 2005.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicants will be notified regarding funding by June 15, 2005.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

NJ Breast Cancer Research Fund  
NJ Commission on Cancer Research

**STATUTORY AUTHORITY:**

PL 95, C. 26, 54:9-25

**GRANT PROGRAM NO.** 06-21-CCR

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To fund research projects that focus upon the causes, prevention, early detection treatment and cure of breast cancer.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$250,000 should be available for one or two year awards arranging from \$25,000 to \$100,000.

Awards begin on July 1 or as directed by the Commission. Funding estimates may vary and are subject to annual appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Grants are awarded to approved, non-profit institutions located in New Jersey and not individuals.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Proposals are evaluated based upon scientific merit and study feasibility. Additional factors considered in the review include: qualifications of investigators, research facilities, scientific/budget overlap and relevance to statutory mandates.

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**APPLICATION PROCEDURES:**

Applications and policies governing awards are available from Commission Offices. Review and award occur at least once a year. Continuation of multiyear awards contingent upon satisfactory progress and availability of funds. Policies, guidelines, and applications can be found at <http://www.state.nj.us/health/ccr/applications-policies.htm>.

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**FOR INFORMATION CONTACT:**

Ann Marie Hill, Executive Director  
NJ Commission on Cancer Research  
28 W State St, Rm 505, PO Box 360  
Trenton, NJ 08625-0360

**TELEPHONE:** (609) 633-6552

**FAX:** (609) 633-6814

**E-MAIL:** NJCCR@doh.state.nj.us

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Grants are due December 1 and notification is given May 1, or as directed by the Commission Offices. Information is included in formal request for application.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

NJ Commission on Cancer Research Fellowship

**STATUTORY AUTHORITY:**

PL 83, C. 6, 52:9U-1 et al

PL 97, C. 92, 39:3-27.90

**GRANT PROGRAM NO.** 06-23-CCR

**TYPE OF AWARDS TO BE ISSUED:**

Letter of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To train talented young people as cancer research scientists in New Jersey non-profit research institutions.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$250,000 should be available for pre-, post- and summer fellowships. Awards of two years will range from \$19,000 per year for predoctoral students and \$34,000 (Year 1), \$35,000 (Year 2) for postdoctoral awards. Summer fellowships are \$2,800 for ten weeks of study. Awards begin on July 1 or as directed by the commission. Funding estimates may vary and are subject to annual appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Grants are awarded to approved, non-profit institutions located in New Jersey and not individuals.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must be enrolled in an approved course of study directly related to cancer at a non-profit research institution in New Jersey. Postdoctoral fellows must have appropriate degrees and credentials. Predoctoral candidates must be US citizens.

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**APPLICATION PROCEDURES:**

Applications and policies governing awards are available from Commission Offices. Review and award occur at least once a year. Continuation of multiyear awards contingent upon satisfactory progress and availability of funds. Policies, guidelines, and applications can be found at <http://www.state.nj.us/health/ccr/applications-policies.htm>.

---

**FOR INFORMATION CONTACT:**

Ann Marie Hill, Executive Director  
NJ Commission on Cancer Research  
28 W State St, Rm 505, PO Box 360  
Trenton, NJ 08625-0360

**TELEPHONE:** (609) 633-6552

**FAX:** (609) 633-6814

**E-MAIL:** NJCCR@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Pre- and Postdoctoral fellowships applications are due the first Friday in January and Notified in May, or as directed by the Commission Offices. Summer fellowships are due May 1<sup>st</sup> and notified in June.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

NJ Prostate Cancer Research Fund  
NJ Commission on Cancer Research

**STATUTORY AUTHORITY:**

P.L.2001,C305(C:54A:9-25.21)

**GRANT PROGRAM NO.** 06-1-PCR

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To fund research projects that focus upon the causes, prevention, early detection treatment and cure of prostate cancer.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$25,000 should be available for awards. Awards begin on July 1 or as directed by the Commission. Funding estimates may vary and are subject to annual appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Grants are awarded to approved, non-profit institutions located in New Jersey and not individuals.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Proposals are evaluated based upon scientific merit and study feasibility. Additional factors considered in the review include: qualifications of investigators, research facilities, scientific/budget overlap and relevance to statutory mandates.

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**APPLICATION PROCEDURES:**

Applications and policies governing awards are available from Commission Offices. Review and award occur at least once a year. Continuation of multiyear awards contingent upon satisfactory progress and availability of funds. Policies, guidelines, and applications can be found at <http://www.state.nj.us/health/ccr/applications-policies.htm>.

---

**FOR INFORMATION CONTACT:**

Ann Marie Hill, Executive Director  
NJ Commission on Cancer Research  
28 W State St., Rm. 505, PO Box 360  
Trenton, NJ 08625-0360

**TELEPHONE:** (609) 633-6552

**FAX:** (609) 633-6814

**E-MAIL:** NJCCR@doh.state.nj.us

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Grants are due December 1 and notification is given May 1, or as directed by the Commission Offices. Information is included in formal request for application.



## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

NJ Commission on Cancer Research Grants

**STATUTORY AUTHORITY:**

PL 83, C. 6, 52:9U-1 et al

PL 97, C. 92, 39:3-27.90

**GRANT PROGRAM NO.** 06-24-CR

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To fund research projects that focus upon the genetic, biochemical, viral, microbiological, environmental, behavioral, socioeconomic, demographic and psychosocial aspects of cancer prevention, etiology, development and treatment. Research development awards may be offered depending upon funding.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$600,000 should be available for one to two year awards ranging from \$35,000 to \$100,000. Awards begin on July 1 or as directed by the Commission. Funding estimates may vary and are subject to annual appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Grants are awarded to approved, non-profit institutions located in New Jersey and not individuals.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Proposals are evaluated based upon scientific merit and study feasibility. Additional factors considered in the review include: qualifications of investigators, research facilities, scientific/budget overlap and relevance to statutory mandates.

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**APPLICATION PROCEDURES:**

Applications and policies governing awards are available from Commission Offices. Review and award occur at least once a year. Continuation of multiyear awards contingent upon satisfactory progress and availability of funds. Policies, guidelines, and applications can be found at <http://www.state.nj.us/health/ccr/applications-policies.htm>.

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**FOR INFORMATION CONTACT:**

Ann Marie Hill, Executive Director  
NJ Commission on Cancer Research  
28 W State St., Rm. 505, PO Box 360  
Trenton, NJ 08625-0360

**TELEPHONE:** (609) 633-6552

**FAX:** (609) 633-6814

**E-MAIL:** NJCCR@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Grants are due December 1 and notification is given May 1, or as directed by the Commission Offices. Information is included in formal request for application.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

New Jersey Commission on Spinal Cord Research  
Postdoctoral & Graduate Student Fellowship Grant

**GRANT PROGRAM NO.** 06B-SCR-3**STATUTORY AUTHORITY:**

NJCSCR Fund Chapter 201 P.L. 1999 NJSA 52:9E-1

**TYPE OF AWARDS TO BE ISSUED:**

Letter of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The NJCSCR will fund Postdoctoral and Graduate Student Fellowship grants to attract and retain in New Jersey's qualifying academic research institutions talented young scientists who wish to pursue a career in spinal cord regeneration and repair research. All awards will be made to the research institution in the name of the fellow. All proposals are reviewed by a panel of independent scientific experts who are appointed by the NJCSCR. The panel will evaluate candidates on academic qualifications, the scientific merit of the proposed research project and its relevance to the research priorities of the NJCSCR, the qualifications of the candidate's mentor, the adequacy of facilities, and institutional support.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Postdoctoral Fellowships are two-year awards of \$50,000 per annum. They provide an annual stipend of \$36,000, a research allowance of \$13,000, and a travel budget of \$1,000. No part of the award may be used for institutional overhead or indirect costs. Institutions may supplement stipends, but not with other full-time fellowship awards, or other NJCSCR monies. A candidate may not apply for a NJCSCR Postdoctoral Fellowship and a NJCSCR Individual Research grant in the same grant cycle. If a first-year fellow applies for and is awarded a NJCSCR Individual Research grant, funding will be contingent upon cancellation of the second year of the fellowship. Non-research activities, such as teaching, may not occupy more than 10% of the fellow's time.

Graduate Student Fellowships are two-year awards of \$30,000 per annum. They provide an annual stipend of \$25,000, a research allowance of \$4,000, and a travel budget of \$1,000. No part of this award may be used for institutional overhead, or for tuition. Institutions may supplement stipends, but not with other full-time fellowship awards or other NJCSCR monies. Applicants may serve as teaching assistants while holding a NJCSCR Graduate Student Fellowship without special permission.

Successful applicants are offered the opportunity to participate in an approved spinal cord injury techniques course. The NJCSCR will make available up to \$4,000 for a grantee to attend one of the following spinal cord injury techniques courses at: Reeve Irvine Research Center, University of California, Irvine; The Ohio State University; and The W.M. Keck Center for Collaborative Neuroscience, Rutgers, The State University of New Jersey. Grantees are responsible for making all necessary travel and course participation arrangements and payments. Reimbursement will be made to those who provide proof of course completion and expense receipts. Awards will begin on or about December 15, 2005. The NJCSCR reserves the right to distribute funds among the grants in this program 06B-SCR-3 as well as among the NJCSCR's other grant programs 06B-SCR-1, 06B-SCR-4, 06B-SCR-5. The NJCSCR reserves the right not to fund any grants in this program 06B-SCR-3 to the maximum amount, or not to fund any grant in this program at all. Grant awards to all four programs (06B-SCR-1, 06B-SCR-3, 06B-SCR-4, 06B-SCR-5) will not exceed \$2,000,000. Each funding award within the two-year period will be contingent upon the availability of funds. All Postdoctoral and Graduate Student Fellows must submit a first-year Progress Report accompanied by a letter of support from the fellow's mentor. Second-year fellowship funding is contingent upon the successful review of the first-year Progress Report and a recommendation from the mentor. Any change in relationship between the fellow and the mentor, or between the fellow and the host institution will require the submission of a new, competing application by the fellow as opposed to a Progress Report. An Evaluation Form must be submitted to the NJCSCR office each year for two years following termination of the Fellowship grant.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

All qualifying institutions in the State of New Jersey may apply for Fellowship grants under this program. A qualifying institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Postdoctoral Fellowship Specifications – Candidates of outstanding quality must hold a Ph.D., and/or M.D., or equivalent graduate degree. Appropriate degrees must be awarded prior to activation of award. Candidates must be accepted for postdoctoral training under the supervision of an appropriate mentor at a qualifying academic research institution for New Jersey. The NJCSCR reserves the right to limit the number of fellowships awarded under the supervision of an individual mentor.

Graduate Student Fellowship Specification – Candidates must be full-time graduate students in residence in a proposed course of study directly related to regeneration and repair of the damaged spinal cord. Students must begin study in the semester following activation unless special permission is received prior to activation date. The NJCSCR prefers to support graduate student candidates who have completed the first year of graduate study and are concentrating on research projects at least 80% of their time.

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**APPLICATION PROCEDURES:**

Applications and NJCSCR Research Guidelines governing grants are available from the NJCSCR office, or can be downloaded from the website at [www.state.nj.us/health/spinalcord/](http://www.state.nj.us/health/spinalcord/). Review and the awarding of grants will occur once a year.

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**FOR INFORMATION CONTACT:**

New Jersey Commission on Spinal Cord Research  
Department of Health and Senior Services  
PO Box 360  
Trenton, New Jersey 08625

**TELEPHONE:** (609) 292-4055  
**FAX:** (609) 943-4213  
**E-MAIL:** NJCCR@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications must be received in the NJCSCR Office by June 8, 2005, between the hours of 8AM and 5PM.  
(NO EXCEPTIONS WILL BE MADE)

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification – November 30, 2005

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

New Jersey Commission on Spinal Cord Research  
Postdoctoral & Graduate Student Fellowship Grant

**GRANT PROGRAM NO.** 06A-SCR-3**STATUTORY AUTHORITY:**

NJCSCR Fund Chapter 201 P.L. 1999 NJSA 52:9E-1

**TYPE OF AWARDS TO BE ISSUED:**

Letter of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The NJCSCR will fund Postdoctoral and Graduate Student Fellowship grants to attract and retain in New Jersey's qualifying academic research institutions talented young scientists who wish to pursue a career in spinal cord regeneration and repair research. All awards will be made to the research institution in the name of the fellow. All proposals are reviewed by a panel of independent scientific experts who are appointed by the NJCSCR. The panel will evaluate candidates on academic qualifications, the scientific merit of the proposed research project and its relevance to the research priorities of the NJCSCR, the qualifications of the candidate's mentor, the adequacy of facilities, and institutional support.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Postdoctoral Fellowships are two-year awards of \$50,000 per annum. They provide an annual stipend of \$36,000, a research allowance of \$13,000, and a travel budget of \$1,000. No part of the award may be used for institutional overhead or indirect costs. Institutions may supplement stipends, but not with other full-time fellowship awards, or other NJCSCR monies. A candidate may not apply for a NJCSCR Postdoctoral Fellowship and a NJCSCR Individual Research grant in the same grant cycle. If a first-year fellow applies for and is awarded a NJCSCR Individual Research grant, funding will be contingent upon cancellation of the second year of the fellowship. Non-research activities, such as teaching, may not occupy more than 10% of the fellow's time.

Graduate Student Fellowships are two-year awards of \$30,000 per annum. They provide an annual stipend of \$25,000, a research allowance of \$4,000, and a travel budget of \$1,000. No part of this award may be used for institutional overhead, or for tuition. Institutions may supplement stipends, but not with other full-time fellowship awards or other NJCSCR monies. Applicants may serve as teaching assistants while holding a NJCSCR Graduate Student Fellowship without special permission.

Successful applicants are offered the opportunity to participate in an approved spinal cord injury techniques course. The NJCSCR will make available up to \$4,000 for a grantee to attend one of the following spinal cord injury techniques courses at: Reeve Irvine Research Center, University of California, Irvine; The Ohio State University; and The W.M. Keck Center for Collaborative Neuroscience, Rutgers, The State University of New Jersey. Grantees are responsible for making all necessary travel and course participation arrangements and payments. Reimbursements will be made to those who provide proof of course completion and expense receipts. Awards will begin on or about June 15, 2006. The NJCSCR reserves the right to distribute funds among the grants in this program 06A-SCR-3 as well as among the NJCSCR's other grant programs 06B-SCR-1, 06B-SCR-4, 06B-SCR-5. The NJCSCR reserves the right not to fund any grants in this program 06A-SCR-3 to the maximum amount, or not to fund any grant in this program at all. Grant awards to all four programs 06A-SCR-1, 06A-SCR-4, 06A-SCR-5. The NJCSCR reserves the right not to fund any grants in this program 06A-SCR-3 to the maximum amount, or not to fund any grant in this program at all. Grant awards to all four programs (06A-SCR-1, 06A-SCR-3, 06A-SCR-4, 06A-SCR-5) will not exceed \$2,000,000. Each funding award within the two-year period will be contingent upon the availability of funds. All Postdoctoral and Graduate Student Fellows must submit a first-year Progress Report accompanied by a letter of support from the fellow's mentor. Second-year fellowship funding is contingent upon the successful review of the first-year Progress Report and a recommendation from the mentor. Any change in relationship between the fellow and the mentor, or between the fellow and the host institution will require the submission of a new, competing application by the fellow as opposed to a Progress Report. An Evaluation Form must be submitted to the NJCSCR office each year for two years following termination of the Fellowship grant.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

All qualifying institutions in the State of New Jersey may apply for Fellowship grants under this program. A qualifying institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Postdoctoral Fellowship Specifications – Candidates of outstanding quality must hold a Ph.D., and/or M.D., or equivalent graduate degree. Appropriate degrees must be awarded prior to activation of award. Candidates must be accepted for postdoctoral training under the supervision of an appropriate mentor at a qualifying academic research institution for New Jersey. The NJCSCR reserves the right to limit the number of fellowships awarded under the supervision of an individual mentor.

Graduate Student Fellowship Specification – Candidates must be full-time graduate students in residence in a proposed course of study directly related to regeneration and repair of the damaged spinal cord. Students must begin study in the semester following activation unless special permission is received prior to activation date. The NJCSCR prefers to support graduate student candidates who have completed the first year of graduate study and are concentrating on research projects at least 80% of their time.

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**APPLICATION PROCEDURES:**

Applications and NJCSCR Research Guidelines governing grants are available from the NJCSCR office, or can be downloaded from the website at [www.state.nj.us/health/spinalcord/](http://www.state.nj.us/health/spinalcord/). Review and the awarding of grants will occur once a year.

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**FOR INFORMATION CONTACT:**

New Jersey Commission on Spinal Cord Research  
Department of Health and Senior Services  
PO Box 360  
Trenton, New Jersey 08625

**TELEPHONE:** (609) 292-4055  
**FAX:** (609) 943-4213  
**E-MAIL:** NJCCR@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications must be received in the NJCSCR Office by December 8, 2005, between the hours of 8AM and 5PM. (NO EXCEPTIONS WILL BE MADE)

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification – May 31, 2006.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

New Jersey Commission on Spinal Cord Research  
Five-Year Named Chair for Senior & Junior Faculty

**GRANT PROGRAM NO.** 06B-SCR-4**STATUTORY AUTHORITY:**

NJCSCR Fund Chapter 201 P.L. 1999 NJSA 52:9E-1

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The NJCSCR will fund grants totaling \$1,000,000 for a single senior faculty and \$600,000 for a single junior faculty for a Five-Year Named Chair for Senior and Junior Faculty to facilitate the recruitment of highly qualified out-of-state scientists to establish new spinal cord injury laboratories in New Jersey. The NJCSCR will also consider applications from in-State scientists in other fields proposing to shift their focus and establish new spinal cord injury laboratories in New Jersey. All qualifying institutions in the State of New Jersey may apply. The qualifying institution must provide evidence of support such as appropriate laboratory facilities and the commitment of financial support necessary to sustain the research for a minimum of five years. A qualifying research institution may not apply for both a "One-Time Start-Up Cost" grant and a "Five-Year Named Chair for Senior and Junior Faculty" grant using the same faculty member in the same grant year. A person holding one of these positions will be called "New Jersey Professor of Spinal Cord Research."

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants will total \$1,000,000 for senior faculty and \$600,000 for junior faculty (includes direct and indirect costs, a maximum of 10% may be applied to indirect costs). Successful candidates also will receive \$100,000 and \$50,000 respectively in start-up costs. Awards will begin on or about December 15, 2005. The NJCSCR reserves the right to distribute funds among the grants in this program 06B-SCR-4 as well as among the NJCSCR's other grant programs 06B-SCR-1, 06B-SCR-3, 06B-SCR-5. The NJCSCR reserves the right not to fund any grants in this program 06B-SCR-4 to the maximum amount, or not to fund any grant in this program at all. Grant awards to all four programs (06B-SCR-1, 06B-SCR-3, 06B-SCR-4, 06B-SCR-5) will not exceed \$2,000,000. Any change either in awardee or the research focus on spinal cord injury will result in the revocation of the award and the return of all funds on a prorated basis. Annual funding within the five-year period will be contingent upon the availability of funds and the submission of an annual Narrative Report that is favorably reviewed by an independent scientific merit review panel. The panel's continuation recommendations will be made to the NJCSCR for funding approval. Project periods may not exceed five years. An Evaluation Form must be submitted to the NJCSCR office each year for two years following termination of a Five-Year Named Chair grant.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

All qualifying institutions in the State of New Jersey may apply for Five-Year Named Chair for Senior and Junior Faculty grants under this program. A qualifying institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

A Senior Faculty candidate will have a Ph.D. and/or M.D., an outstanding record of excellence and achievement in areas relevant to spinal cord injury research, high quality publications, a national/international reputation, demonstrated leadership capabilities, evidence of sustained success in competitive science funding, and a commitment to the development of practical therapies. Experienced researchers in other fields moving to spinal cord research also will be considered.

A Junior Faculty candidate will have a Ph.D. and/or M.D., appropriate postdoctoral experience in a well-established research facility, and confidential recommendations from the director and senior leaders of their present research setting.

Outside references will enhance the application. Applications are evaluated based upon evidence provided by the qualifying institution that the proposed candidate has accepted a position and that appropriate research facilities are available or will be provided by the start date of this award.

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**APPLICATION PROCEDURES:**

Applications and NJCSCR Research Guidelines governing grants are available from the NJCSCR office, or can be downloaded from the website at [www.state.nj.us/health/spinalcord/](http://www.state.nj.us/health/spinalcord/). Review and the awarding of grants will occur once a year.

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**FOR INFORMATION CONTACT:**

New Jersey Commission on Spinal Cord Research  
Department of Health and Senior Services  
PO Box 360  
Trenton, New Jersey 08625

**TELEPHONE:** (609) 292-4055

**FAX:** (609) 943-4213

**E-MAIL:** NJCCR@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Letter of Intent – May 2, 2005

Applications must be received in the NJCSCR Office by June 8, 2005, between the hours of 8AM and 5PM.

(NO EXCEPTIONS WILL BE MADE)

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification – November 30, 2005.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

New Jersey Commission on Spinal Cord Research  
Five-Year Named Chair for Senior & Junior Faculty

**GRANT PROGRAM NO.** 06A-SCR-4**STATUTORY AUTHORITY:**

NJCSCR Fund Chapter 201 P.L. 1999 NJSA 52:9E-1

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The NJCSCR will fund grants totaling \$1,000,000 for a single senior faculty and \$600,000 for a single junior faculty for a Five-Year Named Chair for Senior and Junior Faculty to facilitate the recruitment of highly qualified out-of-state scientists to establish new spinal cord injury laboratories in New Jersey. The NJCSCR will also consider applications from in-State scientists in other fields proposing to shift their focus and establish new spinal cord injury laboratories in New Jersey. All qualifying institutions in the State of New Jersey may apply. The qualifying institution must provide evidence of support such as appropriate laboratory facilities and the commitment of financial support necessary to sustain the research for a minimum of five years. A qualifying research institution may not apply for both a "One-Time Start-Up Cost" grant and a "Five-Year Named Chair for Senior and Junior Faculty" grant using the same faculty member in the same grant year. A person holding one of these positions will be called "New Jersey Professor of Spinal Cord Research."

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants will total \$1,000,000 for senior faculty and \$600,000 for junior faculty (includes direct and indirect costs, a maximum of 10% may be applied to indirect costs). Successful candidates also will receive \$100,000 and \$50,000 respectively in start-up costs. Awards will begin on or about June 15, 2006. The NJCSCR reserves the right to distribute funds among the grants in this program 06A-SCR-4 as well as among the NJCSCR's other grant programs 06A-SCR-1, 06A-SCR-3, 06A-SCR-5. The NJCSCR reserves the right not to fund any grants in this program 06A-SCR-4 to the maximum amount, or not to fund any grant in this program at all. Grant awards to all four programs (06A-SCR-1, 06A-SCR-3, 06A-SCR-4, 06A-SCR-5) will not exceed \$2,000,000. Any change either in awardee or the research focus on spinal cord injury will result in the revocation of the award and the return of all funds on a prorated basis. Annual funding within the five-year period will be contingent upon the availability of funds and the submission of an annual Narrative Report that is favorably reviewed by an independent scientific merit review panel. The panel's continuation recommendations will be made to the NJCSCR for funding approval. Project periods may not exceed five years. An Evaluation Form must be submitted to the NJCSCR office each year for two years following termination of a Five-Year Named Chair grant.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

All qualifying institutions in the State of New Jersey may apply for Five-Year Named Chair for Senior and Junior Faculty grants under this program. A qualifying institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

A Senior Faculty candidate will have a Ph.D. and/or M.D., an outstanding record of excellence and achievement in areas relevant to spinal cord injury research, high quality publications, a national/international reputation, demonstrated leadership capabilities, evidence of sustained success in competitive science funding, and a commitment to the development of practical therapies. Experienced researchers in other fields moving to spinal cord research also will be considered.

A Junior Faculty candidate will have a Ph.D. and/or M.D., appropriate postdoctoral experience in a well-established research facility, and confidential recommendations from the director and senior leaders of their present research setting.



Outside references will enhance the application. Applications are evaluated based upon evidence provided by the qualifying institution that the proposed candidate has accepted a position and that appropriate research facilities are available or will be provided by the start date of this award.

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**APPLICATION PROCEDURES:**

Applications and NJCSCR Research Guidelines governing grants are available from the NJCSCR office, or can be downloaded from the website at [www.state.nj.us/health/spinalcord/](http://www.state.nj.us/health/spinalcord/). Review and the awarding of grants will occur once a year.

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**FOR INFORMATION CONTACT:**

New Jersey Commission on Spinal Cord Research  
Department of Health and Senior Services  
PO Box 360  
Trenton, New Jersey 08625

**TELEPHONE:** (609) 292-4055

**FAX:** (609) 943-4213

**E-MAIL:** NJCCR@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Letter of Intent – November 3, 2005

Applications must be received in the NJCSCR Office by December 8, 2005, between the hours of 8AM and 5PM.  
(NO EXCEPTIONS WILL BE MADE)

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification – May 31, 2006.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

New Jersey Commission on Spinal Cord Research

One-Time Start-Up Costs Grant

**STATUTORY AUTHORITY:**

NJCSCR Fund Chapter 201 P.L. 1999 NJSA 52:9E-1

**GRANT PROGRAM NO.** 06B-SCR-5

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The NJCSCR will fund start-up costs to facilitate the recruitment of out-of-state scientists to establish new spinal cord injury laboratories in New Jersey. The NJCSCR will also consider applications from in-State scientists in other fields proposing to shift their focus and establish new spinal cord injury laboratories in New Jersey. The primary focus of the research must hold promise of developing effective interventions and cures for paralysis and other consequences of spinal cord injury and disease. All qualifying institutions in the State of New Jersey may apply. The qualifying institution must provide evidence of qualified research leadership for the new laboratory and the commitment of financial support necessary to sustain the research for a minimum of five years. A qualifying research institution may not apply for both a "One-Time Start-Up Costs" grant and a "Five-Year Named Chair for Senior and Junior Faculty" grant using the same faculty member in the same grant year. These awards may be used for the renovation of space, support of research personnel (maximum of one year salary for technical support staff; after the first year, no personnel costs are permitted), and the purchase of equipment directly related to the research. No indirect costs are permitted. The goal of this program is to enable the establishment of new laboratories and facilitate the recruitment of highly qualified researchers to conduct spinal cord research in New Jersey. A qualifying research institution may not apply for both a "One-Time Start-Up Costs" grant and a "Five-Year Named Chair for Senior and Junior Faculty" grant using the same faculty member in the same grant year.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants ranging from \$250,000 to \$1,000,000 will be available from the New Jersey Commission on Spinal Cord Research Fund to support the initiation of new research programs in spinal cord injury. Awards will begin on or about December 15, 2005. Money granted must be held in a separate account with all accrued interest being maintained in the account. Each grant award will be contingent upon the availability of funds. Any change in the research focus will result in the revocation of the award and the return of funds on a prorated basis. This is a one-year grant award with a progress reporting period of five years during which time an annual Narrative Report must be submitted to the NJCSCR office. Evidence of the necessary organizational/institutional financial support to sustain the research must be included as part of the report. The NJCSCR reserves the right to distribute funds among the grants in this program 06B-SCR-5 as well as among the NJCSCR's other grant programs 06B-SCR-1, 06B-SCR-3, 06B-SCR-4. The NJCSCR reserves the right not to fund any grants in this program 06B-SCR-5 to the maximum amount, or not to fund any grant in this program at all. Grant awards to all four programs (06B-SCR-1, 06B-SCR-3, 06B-SCR-4, 06B-SCR-5) will not exceed \$2,000,000.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

All qualifying institutions in the State of New Jersey may apply for One-Time Start-Up Costs grants under this program. A qualifying institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Proposals are evaluated based upon evidence provided by the qualifying institution that a new research laboratory will be established upon receipt of these funds. Such evidence should include, but is not limited to, range of construction, detailed equipment listing, evidence of other support from the institution, evidence that the institution is providing space to be renovated, information on a newly recruited faculty or staff member, or evidence that an experienced researcher in a related field will establish a new laboratory dedicated to spinal cord injury research.

**APPLICATION PROCEDURES:**

Applications and NJCSCR Research Guidelines governing grants are available from the NJCSCR office, or can be downloaded from the website at [www.state.nj.us/health/spinalcord/](http://www.state.nj.us/health/spinalcord/). Review and the awarding of grants will occur once a year.

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**FOR INFORMATION CONTACT:**

New Jersey Commission on Spinal Cord Research  
Department of Health and Senior Services  
PO Box 360  
Trenton, New Jersey 08625-0360

**TELEPHONE:** (609) 292-4055  
**FAX:** (609) 943-4213  
**E-MAIL:** NJCCR@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Letter of Intent – May 2, 2005

Applications must be received in the NJCSCR Office by June 8, 2005, between the hours of 8AM and 5PM.  
(NO EXCEPTIONS WILL BE MADE)

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification – November 30, 2005

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

New Jersey Commission on Spinal Cord Research  
One-Time Start-Up Costs Grant

**GRANT PROGRAM NO.** 06A-SCR-5**STATUTORY AUTHORITY:**

NJCSCR Fund Chapter 201 P.L. 1999 NJSA 52:9E-1

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The NJCSCR will fund start-up costs ranging from \$250,000 to \$1,000, 000 to facilitate the recruitment of out-of-state scientists to establish new spinal cord injury laboratories in New Jersey. The NJCSCR will also consider applications from in-State scientists in other fields proposing to shift their focus and establish new spinal cord injury laboratories in New Jersey. All qualifying institutions in the State of New Jersey may apply. The qualifying institution must provide evidence of qualified research leadership for the new laboratory and the commitment of financial support necessary to sustain the research for a minimum of five years. A qualifying research institution may not apply for both a "One-Time Start-Up Costs" grant and a "Five-Year Named Chair for Senior and Junior Faculty" grant using the same faculty member in the same grant year. These awards may be used for the renovation of space, support of research personnel (maximum of one year salary for technical support staff; after the first year, no personnel costs are permitted), and the purchase of equipment directly related to the research. No indirect costs are permitted. The goal of this program is to enable the establishment of new laboratories and facilitate the recruitment of highly qualified researchers to conduct spinal cord research in New Jersey. A qualifying research institution may not apply for both a "One-Time Start-Up Costs" grant and a "Five-Year Named Chair for Senior and Junior Faculty" grant using the same faculty member in the same grant year.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants ranging from \$250,000 to \$1,000,000 will be available from the New Jersey Commission on Spinal Cord Research Fund to support the initiation of new research programs in spinal cord injury. Awards will begin on or about June 15, 2006. Money granted must be held in a separate account with all accrued interest being maintained in the account. Each grant award will be contingent upon the availability of funds. Any change in the research focus will result in the revocation of the award and the return of funds on a prorated basis. This is a one-year grant award with a progress reporting period of five years during which time an annual Narrative Report must be submitted to the NJCSCR office. Evidence of the necessary organizational/institutional financial support to sustain the research must be included as part of the report. The NJCSCR reserves the right to distribute funds among the grants in this program 06A-SCR-5 as well as among the NJCSCR's other grant programs 06A-SCR-1, 06A-SCR-3, 06A-SCR-4. The NJCSCR reserves the right not to fund any grants in this program 06A-SCR-5 to the maximum amount, or not to fund any grant in this program at all. Grant awards to all four programs (06A-SCR-1, 06A-SCR-3, 06A-SCR-4, 06A-SCR-5) will not exceed \$2,000,000.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

All qualifying institutions in the State of New Jersey may apply for One-Time Start-Up Costs grants under this program. A qualifying institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Proposals are evaluated based upon evidence provided by the qualifying institution that a new research laboratory will be established upon receipt of these funds. Such evidence should include, but is not limited to, range of construction, detailed equipment listing, evidence of other support from the institution, evidence that the institution is providing space to be renovated, information on a newly recruited faculty or staff member, or evidence that an experienced researcher in a related field will establish a new laboratory dedicated to spinal cord injury research.

**APPLICATION PROCEDURES:**

Applications and NJCSCR Research Guidelines governing grants are available from the NJCSCR office, or can be downloaded from the website at [www.state.nj.us/health/spinalcord/](http://www.state.nj.us/health/spinalcord/). Review and the awarding of grants will occur once a year.

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**FOR INFORMATION CONTACT:**

New Jersey Commission on Spinal Cord Research  
Department of Health and Senior Services  
PO Box 360  
Trenton, New Jersey 08625-0360

**TELEPHONE:** (609) 292-4055  
**FAX:** (609) 943-4213  
**E-MAIL:** NJCCR@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Letter of Intent – November 3, 2005

Applications must be received in the NJCSCR Office by December 8, 2005, between the hours of 8AM and 5PM.  
(NO EXCEPTIONS WILL BE MADE)

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification – May 31, 2006

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

New Jersey Commission on Spinal Cord Research  
Individual Research Grant

**GRANT PROGRAM NO.** 06B-SCR-1**STATUTORY AUTHORITY:**

NJCSCR Fund Chapter 201 P.L. 1999 NJSA 52:9E-1

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The NJCSCR will fund research activities that hold promise of developing effective interventions and cures for paralysis and other consequences of spinal cord injury and disease. All qualifying institutions in the State of New Jersey may apply. The goals of this program are (1) to encourage promising postdoctoral fellows and young investigators to undertake research on spinal cord regeneration, recovery and rehabilitation; (2) to encourage scientists who are well-established in other areas to transfer their efforts to spinal cord research; and (3) enable researchers with novel scientific and clinical ideas to test them and develop pilot data needed to seek larger awards from the National Institutes of Health, and other funding sources.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Applicants are encouraged to apply for a one-year or two-year award. Maximum funding is up to \$200,000 per year including direct and indirect costs, (10% maximum for the latter). The NJCSCR will make available up to \$4,000 for a grantee to attend one of the following spinal cord injury techniques courses at: Reeve Irvine Research Center, University of California, Irvine; The Ohio State University; and The W.M. Keck Center for Collaborative Neuroscience, Rutgers, The State University of New Jersey. Grantees are responsible for making all necessary travel and course participation arrangements and payments. Two-year awards are made through one-year contracts. Each funding award within the two-year period will be contingent upon the availability of funds. Second-year support for all Individual Research grants is contingent upon submission of a Grant Continuation Application. The Grant Continuation Application must be favorably reviewed by an independent scientific merit review panel and recommended to the NJCSCR for continued funding. An Evaluation Form must be submitted to the NJCSCR office each year for two years following termination of an Individual Research grant. Awards will begin on or about December 15, 2005. The NJCSCR reserves the right to distribute funds among the grants in this program 06B-SCR-1 as well as among the NJCSCR's other grant programs 06B-SCR-3, 06B-SCR-4, 06B-SCR-5. The NJCSCR reserves the right not to fund any grants in this program 06B-SCR-1 to the maximum amount, or not fund any grant in this program at all. Grant awards to all four programs (06B-SCR-1, 06B-SCR-3, 06B-SCR-4, 06B-SCR-5) will not exceed \$2,000,000.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

All qualifying institutions in the State of New Jersey may apply for Individual Research grants under this program. A qualifying research institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with a demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Principal investigators must be affiliated with a New Jersey State academic institution, research organization, public or private agency or other entity with demonstrated capability to conduct research responsibly. Senior scientists, young investigators, and postdoctoral fellows may serve as principal investigator. If the applicant is a fellow, s/he must submit a letter of support from the laboratory's senior scientist, as well as two other appropriate letters of reference. Unaffiliated individuals will not be funded. Individuals of any nationality or citizenship status may apply, provided they are employed by or affiliated with a qualified New Jersey State organization/institution.

**APPLICATION PROCEDURES:**

Applications and NJCSCR Research Guidelines governing grants are available from the NJCSCR office, or can be downloaded from the website at [www.state.nj.us/health/spinalcord/](http://www.state.nj.us/health/spinalcord/). Review and the awarding of grants will occur once a year.

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**FOR INFORMATION CONTACT:**

New Jersey Commission on Spinal Cord Research  
Department of Health and Senior Services  
PO Box 360  
Trenton, New Jersey 08625-0360

**TELEPHONE:** (609) 292-4055

**FAX:** (609) 943-4213

**E-MAIL:** [NJCSCR@doh.state.nj.us](mailto:NJCSCR@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications must be received in the NJCSCR Office by June 8, 2005, between the hours of 8AM and 5PM.  
(NO EXCEPTIONS WILL BE MADE)

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification – November 30, 2005

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

New Jersey Commission on Spinal Cord Research  
Individual Research Grant

**GRANT PROGRAM NO.** 06A-SCR-1

**STATUTORY AUTHORITY:**

NJCSCR Fund Chapter 201 P.L. 1999 NJSA 52:9E-1

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The NJCSCR will fund research activities that hold promise of developing effective interventions and cures for paralysis and other consequences of spinal cord injury and disease. All qualifying institutions in the State of New Jersey may apply. The goals of this program are (1) to encourage promising postdoctoral fellows and young investigators to undertake research on spinal cord regeneration, recovery and rehabilitation; (2) to encourage scientists who are well-established in other areas to transfer their efforts to spinal cord research; and (3) enable researchers with novel scientific and clinical ideas to test them and develop pilot data needed to seek larger awards from the National Institutes of Health, and other funding sources.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Applicants are encouraged to apply for a one-year or two-year award. Maximum funding is up to \$200,000 per year including direct and indirect costs, (10% maximum for the latter). Successful applicants are offered the opportunity to participate in an approved spinal cord injury techniques course. The NJCSCR will make available up to \$4,000 for a grantee to attend one of the following spinal cord injury techniques courses at: Reeve Irvine Research Center, University of California, Irvine; The Ohio State University; and The W.M. Keck Center for Collaborative Neuroscience, Rutgers, The State University of New Jersey. Grantees are responsible for making all necessary travel and course participation arrangements and payments. Reimbursements will be made to those who provide proof of course completion and expense receipts. Two-year awards are made through one-year contracts. Each funding award within the two-year period will be contingent upon the availability of funds. Second-year support for all Individual Research grants is contingent upon submission of a Grant Continuation Application. The Grant Continuation Application must be favorably reviewed by an independent scientific merit review panel and recommended to the NJCSCR for continued funding. An Evaluation Form must be submitted to the NJCSCR office each year for two years following termination of an Individual Research grant. Awards will begin on or about June 15, 2006. The NJCSCR reserves the right to distribute funds among the grants in this program 06A-SCR-1 as well as among the NJCSCR's other grant programs 06A-SCR-3, 06A-SCR-4, 06A-SCR-5. The NJCSCR reserves the right not to fund any grants in this program 06A-SCR-1 to the maximum amount, or not fund any grant in this program at all. Grant awards to all four programs (06A-SCR-1, 06A-SCR-3, 06A-SCR-4, 06A-SCR-5) will not exceed \$2,000,000.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

All qualifying institutions in the State of New Jersey may apply for Individual Research grants under this program. A qualifying research institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with a demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Principal investigators must be affiliated with a New Jersey State academic institution, research organization, public or private agency or other entity with demonstrated capability to conduct research responsibly. Senior scientists, young investigators, and postdoctoral fellows may serve as principal investigator. If the applicant is a fellow, s/he must submit a letter of support from the laboratory's senior scientist, as well as two other appropriate letters of reference. Unaffiliated individuals will not be funded. Individuals of any nationality or citizenship status may apply, provided they are employed by or affiliated with a qualified New Jersey State organization/institution.



**APPLICATION PROCEDURES:**

Applications and NJCSCR Research Guidelines governing grants are available from the NJCSCR office, or can be downloaded from the website at [www.state.nj.us/health/spinalcord/](http://www.state.nj.us/health/spinalcord/). Review and the awarding of grants will occur once a year.

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**FOR INFORMATION CONTACT:**

New Jersey Commission on Spinal Cord Research  
Department of Health and Senior Services  
PO Box 360  
Trenton, New Jersey 08625-0360

**TELEPHONE:** (609) 292-4055

**FAX:** (609) 943-4213

**E-MAIL:** [NJCSCR@doh.state.nj.us](mailto:NJCSCR@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications must be received in the NJCSCR Office by December 8, 2005, between the hours of 8AM and 5PM.  
(NO EXCEPTIONS WILL BE MADE)

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification – May 31, 2006

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Emergency Medical Services for Children

**STATUTORY AUTHORITY:**

EMS for Children Act (NJSA:26-2K-48 et al.)

**GRANT PROGRAM NO.** 06-38-EMS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants or  
Performance-based Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To reduce childhood mortality and morbidity sustained as the result of severe illness or trauma and to enhance the pediatric capability of the EMS system. Areas of emphasis for FY 2006 awards are: (1) pediatric injury or illness prevention activities; (2) pediatric emergency medical education for all levels of healthcare providers; (3) education for children, parents, caregivers, or the public on pediatric EMS issues; and (4) research in all areas of pediatric emergency care, to include outcome studies of clinical practice and the effects of EMSC implementation.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$30,000 should be available for FY 2006 to fund two or more awards. It is expected that the average award will be \$15,000 (range \$10,000-\$15,000). Funding estimates may vary and are subject to the Annual Appropriation Act and/or Federal Appropriations. Awards will begin on or about July 1, 2005 and will be made for a 12-month period and a project period of one-year. Applications approved, but not funded initially, will be kept on file, should additional monies become available during the fiscal year.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Applicants must be a non-for-profit organization, a government agency, or a licensed New Jersey hospital.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must possess proper license or certification for services, if applicable, and demonstrated ability to meet grant objectives.

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**APPLICATION PROCEDURES:**

A packet including an application for a Grant, information on each area of emphasis, and scoring criteria will be mailed by the Department upon receipt of a Letter of Intent sent to the address listed below. This letter should be sent prior to March 1, 2005. The completed application is to be returned to the Department for consideration of a grant award.

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**FOR INFORMATION CONTACT:**

Nancy Kelly-Goodstein, EMSC Program Manager  
Office of Emergency Medical Services  
P.O. Box 360  
Trenton, NJ 08625-0360

**TELEPHONE:** (609) 633-7777

**FAX:** (609) 633-7954

**E-MAIL:** nancy.kelly-goodstein@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Letter of intent due to address listed above by March 1, 2005, applications due by close of business on April 1, 2005.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification of acceptance will be made to applicants by June 1, 2005.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Emergency Medical Services for Children  
(Federal)

**GRANT PROGRAM NO.** 06-39-EMS**STATUTORY AUTHORITY:**

EMS for Children Act (PHS Act, Section 1910,  
P.L. 105-78)

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants or  
Performance-based Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To reduce childhood mortality and morbidity sustained as the result of severe illness or trauma and to enhance the pediatric capability of the EMS system. Areas of emphasis for FY 2006 awards are: (1) pediatric injury or illness prevention activities; (2) pediatric emergency medical education for all levels of healthcare providers; (3) education for children, parents, caregivers, or the public on pediatric EMS issues; and (4) research in all areas of pediatric emergency care, to include outcome studies of clinical practice and the effects of EMSC implementation.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$30,000 should be available for FY 2006 to fund two or more awards. It is expected that the average award will be \$15,000 (range \$10,000-\$15,000). Funding estimates may vary and are subject to the Annual Appropriation Act and/or Federal Appropriations. Awards will begin on or about March 1, 2006 and will be made for a 12-month period with a project period of one-year. Applications approved, but not funded initially, will be kept on file, should additional monies become available during the fiscal year.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Applicants must be a not-for-profit organization, a government agency, or a licensed New Jersey hospital.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must possess proper license or certification for services, if applicable, and demonstrated ability to meet grant objectives.

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**APPLICATION PROCEDURES:**

A packet including an application for a Grant, information on each area of emphasis, and scoring criteria will be mailed by the Department upon receipt of a Letter of Intent sent to the address listed below. This letter should be sent prior to July 1, 2005. The completed application is to be returned to the Department for consideration of a grant award.

---

**FOR INFORMATION CONTACT:**

Nancy Kelly-Goodstein, EMSC Program Manager  
Office of Emergency Medical Services  
P.O. Box 360  
Trenton, NJ 08625-0360

**TELEPHONE:** (609) 633-7777**FAX:** (609) 633-7954**E-MAIL:** nancy.kelly-goodstein@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Letter of Intent due to address listed above by July 1, 2005. Applications due by close of business on September 1, 2005.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification of acceptance will be made to applicants by February 1, 2006.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Abstinence Education

**GRANT PROGRAM NO.** 06-41-CHS

**STATUTORY AUTHORITY:**

Section 510 of Title V of the Social Security Act

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

1. To teach that abstinence from sexual activity is the only certain way to avoid out of wedlock pregnancy, sexually transmitted diseases, etc.
2. To teach young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances.
3. To teach the importance of attaining self-sufficiency before engaging in sexual activity.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon Federal Appropriations. Approximately \$800,000 should be available in SFY 2006 to support nine abstinence education projects. A non-federal match of \$3 for every \$4 dollars of grant funding is required. Grantees will be required to document the availability of non-federal match which may be local or private resources or in-kind. Continuation awards within an approved project (July 1, 2005 – June 30, 2006) will be based on satisfactory progress and may affect the amount of funds available for new awards.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local and county health departments, nursing service agencies, hospitals, educational institutions, and non-profit community-based agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Capacity and ability to meet both programmatic and fiscal requirements to carry out the abstinence education activities.

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**APPLICATION PROCEDURES:**

1. Contact Office of the Director (see below).
2. Continuation Request for Proposals (RFP) will be issued on or about March 1, 2005.
3. Submit Letter of Intent to Office of Director, with a brief description
4. Prepare Grant Application

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**FOR INFORMATION CONTACT:**

Office of the Director  
Maternal, Child and Community Health Services  
50 East State Street  
P.O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 984-1384

**FAX:** (609) 292-3580

**E-MAIL:** Linda.jones-hicks@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Letter of Intent due to funding program in accordance with the Request for Proposals. Grant Applications due by April 1, 2005 for grants starting July 1, 2005.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified 30 days prior to start of the grant.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Adolescent Health

**STATUTORY AUTHORITY:**

Title V of the Social Security Act;  
Preventive Health and Health Services Block Grant

**GRANT PROGRAM NO.** 06-42-CHS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

1. Support community partnerships to reduce risk taking behavior among youth, with particular emphasis placed on prevention of adolescent pregnancy and sexually transmitted infections; injury and violence, including suicide; and, substance abuse.
2. Support nutrition education and physical activity as a primary prevention strategy to address obesity and chronic disease.
3. Support case management services for pregnant and parenting adolescents.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on State and federal appropriations to the Department. Approximately \$1,400,000 should be available July 1, 2005 to June 30, 2006 to support adolescent health projects. Continuation awards within an approved project period will be based on satisfactory progress and may affect the amount of funds available for new awards.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Public and private, non-profit agencies including County and local health departments and community-based service providers that conduct outreach, education and health services for adolescents.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Capacity and ability to meet programmatic and fiscal requirements necessary to carry out the activities, programs and initiatives needed to address the health of adolescents.

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**APPLICATION PROCEDURES:**

1. Contact Office of the Director (see below)
2. Competitive Request for Applications (RFA) for new or special program services, will be issued, if funds are available.
3. Submit Letter of Intent to Office of Director, with a brief description.
4. Prepare Grant Application.

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**FOR INFORMATION CONTACT:**

Office of the Director  
Maternal, Child and Community Health Services  
50 East State Street  
P.O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 984-1384

**FAX:** (609) 292-3580

**E-MAIL:** [cynthia.collins@doh.state.nj.us](mailto:cynthia.collins@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Competitive applications due to funding program in accordance with the Request for Proposals. Continuation grant applications due no later than May 1 for grants starting July 1, or by November 1 for grants starting January 1.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified 30 days prior to start of the grant.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Child Health

**GRANT PROGRAM NO.** 06-43-CHS**STATUTORY AUTHORITY:**

Social Security Act Title V and N.J.S.A. 26:2-132

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

1. Provide risk assessment and case management services for children at high risk of preventable health problems.
2. Prevent or remediate lead poisoning in children under six years of age.
3. Educate health and child care professionals about child health issues.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon State or Federal Appropriations. Approximately \$3,000,000 should be available in SFY 2006 to support prevention-oriented child health and childhood lead poisoning prevention projects and special initiatives. Continuation awards within an approved project period (July 1, 2005 – June 30, 2006 or January 1, 2006 – December 31, 2006) will be based on satisfactory progress and may affect the amount of funds for new awards.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local and county health departments, nursing service agencies, hospitals, educational institutions, health care professional associations, and non-profit community-based agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

For prevention-oriented child health: demonstrated ability to provide home visiting and case management services for children using appropriately trained nurses. For childhood lead poisoning prevention: local health department or affiliated nursing services agency qualified to provide case management and environmental investigation in compliance with N.J.A.C.8:51.

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**APPLICATION PROCEDURES:**

1. Contact Office of the Director (see below).
2. Competitive Request for Applications (RFA) for new or special program services, if funds are available, will be issued on or about March 1, 2005.
3. Submit Letter of Intent to Office of Director, with a brief description.
4. Prepare Grant Application.

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**FOR INFORMATION CONTACT:**

Office of the Director  
Maternal, Child and Community Health Services  
50 East State Street  
P.O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 984-1384**FAX:** (609) 292-9288**E-MAIL:** linda.jones-hicks@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Competitive applications due to funding program in accordance with the Request for Proposals. Continuation grant applications due by May 1, 2005 for grants starting July 1, 2005, and by November 1, 2005 for grants starting January 1, 2006.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified 30 days prior to start of the grant.

## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Family Planning

**GRANT PROGRAM NO.** 06-44-FP

**STATUTORY AUTHORITY:**

Title X of the Public Health Service Population Act

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide funds to support clinical family planning and related services throughout the state with a focus to provide family planning services to low income residents of New Jersey. This includes the provision of health and related services to adolescents.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on State and federal appropriations of funds to the Department. Approximately \$9 million should be available for grants for Calendar Year (CY) 2005. Continuation awards within an approved project period will be based on satisfactory progress and will affect the amount of funds available for new competitive grants.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
  2. General and specific Grant Compliance requirements issued by the Granting Agency.
  3. Applicable Federal Cost Principles relating to the Applicant.
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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Government or non-profit agencies which are licensed ambulatory care facilities and provide or can provide comprehensive family planning services in conformity with state and federal regulations.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

1. A licensed ambulatory care facility that can provide clinical family planning services and community education in accordance with state and federal guidelines.
  2. Medical provider or has applied to become one.
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**APPLICATION PROCEDURES:**

1. Contact Office of Director (see below).
  2. Based on funding availability for new projects, a formal request for applications will be published by the program.
  3. Prepare Grant application in accordance with formal request for application requirements.
- 

**FOR INFORMATION CONTACT:**

Office of the Director  
Maternal, Child and Community Health Services  
50 East State Street, 6th Floor  
P.O. Box 364  
Trenton, New Jersey 08625-0364

**TELEPHONE:** (609) 292-5616

**FAX:** (609) 292-9288

**E-MAIL:** Sandra.Schwarz@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED**

Letter of Intent due to funded programs by June 1, 2005 application to be received by July 1, 2005 for January 1, 2006 grants.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified 30 days prior to start date of grant.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Fetal Alcohol Syndrome Prevention

**STATUTORY AUTHORITY:**

N.J.S.A. 26:2B-32, Alcohol, Education,  
Rehabilitation and Enforcement Fund

**GRANT PROGRAM NO.** 06-46-CHS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Development of regional projects which prevent alcohol and other drug use pre-pregnancy, during pregnancy and post-partum. This will be done through training of perinatal professionals and general public education, substance abuse risk screenings in prenatal clinics, intervention counseling of pregnant women and referral to addiction treatment programs. To increase the number of pregnant and preconceptual women screened for risk of substance use and abuse.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on appropriation of funds to the department. Approximately \$900,000 will be available to established Maternal and Child Health Consortia to fund coordination of risk reduction services.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Established Maternal and Child Health Consortia.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Maternal and Child Health Consortia must demonstrate ability to provide coordination as specified by the Reproductive and Perinatal Health Services Program.

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**APPLICATION PROCEDURES:**

1. Contact Office of Director (see below).
2. Submit Letter of Intent to program.
3. Prepare grant application.

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**FOR INFORMATION CONTACT:**

Office of the Director  
Maternal , Child and Community Health Services  
50 East State Street  
P.O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 984-0024

**FAX:** (609) 292-9288

**E-MAIL:** Linda.Jones-Hicks@doh.sate.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Letter of Intent due to funding program February 1 for July grants and August 1 for January 1 grants.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified 30 days prior to start date of grant.



## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Children's Oral Health Program

**STATUTORY AUTHORITY:**

Title V of the Social Security Act

**GRANT PROGRAM NO.** 06-48-CHS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Support oral health prevention and promotion programs.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on State and federal appropriations to the Department. Approximately \$350,000 should be available in SFY 2006 (July 1, 2005 – June 30, 2006) to support oral health programs. Continuation awards within an approved project period will be based on satisfactory progress and may affect the amount of funds available for new awards.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Governmental and non-profit agencies providing oral health outreach, education and services to school-age children, including local health departments, community-based agencies, hospitals and federally qualified health centers.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

The applicant must have an established history and proven capability to provide preventive oral health services to high need/risk children in underserved areas of the State. Applicant must have on site dental operatories that include the services of licensed dentists and registered dental hygienists or have the ability to arrange for dental/oral health services by another agency through a Letter of Agreement. \*Note that preference will be given to applicants that have dental operatories on site along with licensed dentists and registered dental hygienists on staff.

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**APPLICATION PROCEDURES:**

1. Contact Office of the Director (see below).
2. Submit Letter of Intent to the Program.
3. Complete and submit a New Jersey Department of Health and Senior Services Grant Application.

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**FOR INFORMATION CONTACT:**

Office of the Director  
Maternal, Child and Community Health Services  
50 East State Street  
P.O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 943-5749

**FAX:** (609) 292-9288

**E-MAIL:** Beverly.Kupiec@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Competitive applications due to funding program in accordance with the Request for Proposals. Continuation grant applications due by January 28, 2005 for grants starting July 1, 2005.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified 30 days prior to start date of grant.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Outreach and Education

**GRANT PROGRAM NO.** 06-49-CHS**STATUTORY AUTHORITY:**

Health Care Subsidy Fund, est. pursuant to  
(P.L. 1992, c.160 c. 26:2H-18.58)

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To inform the community through outreach services and educational programs about the issue of Infant Mortality. Improve awareness of cultural differences and promote culturally competent services, to reduce racial disparity in perinatal outcomes and increase respect for these differences among health care providers. To increase the ease with which women enter the health care system in areas at high risk for poor perinatal outcome.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$1.83 million should be available to established Maternal Child Health Consortia to fund projects in the 11 Healthy Mothers/Healthy Babies cities, and \$2.2 million in grants to support other outreach and education activities; including Healthy Start of East Orange and Sudden Infant Death Syndrome Resource Center. Funding is contingent on appropriation to the Department. Grant awards will range from \$25,000 to \$200,000.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Maternal Child Health Consortia responsible for Healthy Mothers/Healthy Babies Coalitions. The Black Infant Mortality Reduction grants may be awarded to governmental, non-profit agencies, community-based organizations, licensed hospitals, and ambulatory care facilities.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Must be able to demonstrate need for and ability to provide acceptable services to the target population, as determined by the Reproductive and Perinatal Health Services Program.

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**APPLICATION PROCEDURES:**

1. Contact Office of Director (see below).
2. Submit Letter of Intent to program.
3. Prepare grant application.

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**FOR INFORMATION CONTACT:**

Office of the Director  
Maternal, Child and Community Health Services  
50 East State Street  
P.O. Box 364  
Trenton, NJ 08625

**TELEPHONE:** (609) 984-0024**FAX:** (609) 292-9288**E-MAIL:** Linda.Jones-Hicks@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Letter of Intent due to funding program February 1 for July grants and August 1 for January 1 grants.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified 30 days prior to start date of grant.

## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Minority & Multicultural Health Disparities Initiative

**STATUTORY AUTHORITY:**

Chapter 205, PL 1991, c.401

**GRANT PROGRAM NO.** 06-70-OMH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement (Multi-Year) Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

New model disparities initiatives addressing diabetes among New Jersey race/ethnic populations. Initiatives will focus on increasing community awareness and identifying, educating, linking and tracking diabetics in need of controlling their disease.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately up to \$500,000 may be available to fund up to five awards. Individual awards will not exceed \$100,000. funding estimates may vary and are subject to state appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
  2. General and specific Grant Compliance requirements issued by the Granting Agency.
  3. Applicable Federal Cost Principles relating to the Applicant.
- 

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Non-profit community-based minority-serving organizations which address health and/or human services.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Knowledge of the impact of diabetes in at risk minority populations. Documented history, experience and capacity to provide creative and effective culturally, ethnically and linguistically appropriate services to hard to reach individuals within a specific race/ethnic population in geographic areas of highest need. Applicants must demonstrate partnerships with health care providers with aggressive disparities diabetes initiatives. Projects must utilize evidence-based models, capable of measuring the impact of the project intervention and suitable for replication in other communities.

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**APPLICATION PROCEDURES:**

Based on funding availability, a Request For Applications (RFA) will be released on or about February 11, 2005 with full details of application procedures.

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**FOR INFORMATION CONTACT:**

Gilbert O. Ongwenyi

New Jersey Department of Health & Senior Services

O/C OMMH

P.O. Box 360

Trenton, NJ 08625-0360

**TELEPHONE:** (609) 292-6962

**FAX:** (609) 292-8713

**E-MAIL:** gilbert.ongwenyi@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Deadline information will be included in the formal RFA.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification of recommendation of awards will be made on or about April 29, 2005.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Federally Qualified Health Center Expansion

**STATUTORY AUTHORITY:**

Health Care Reform Act 1992, Chapter 160

**GRANT PROGRAM NO.** 06-45-CHS

**TYPE OF AWARDS TO BE ISSUED:**

Letters of Agreement or Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide funding to Federally Qualified Health Centers (FQHC) supported under Sections 330 of the "Public Health Service Act", and other Centers designated as FQHCs to enable expanded hours of operation to evenings and weekends, and to promote community-based primary health care as an alternative to hospital emergency departments. Funds will be used to provide reimbursement for uninsured preventive and primary care visits above a predetermined baseline.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on appropriation of funds to the Department. Approximately \$11.0 million should be available in SFY 2006 to support FQHCs participating in the program through a letter of agreement from July 1, 2005 to June 30, 2006.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

FQHCs participating, through a LOA, in the FQHC Expansion Program.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Federal designation as a FQHC or federal designation as a FQHC "look alike", and current or prior participation in the program.

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**APPLICATION PROCEDURES:**

Either response to a Request for Application (RFA), completion of the Grant Application forms and timely submission to the Program Office; or a signed Letter of Agreement in accordance with time frames specified.

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**FOR INFORMATION CONTACT:**

Office of Primary Care

Division of Family Health Services

50 East State Street

P.O. Box 364

Trenton, NJ 08625

**TELEPHONE:** (609) 292-1495

**FAX:** (609) 292-3580

**E-MAIL:** Carleton.Lee@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Completed applications and/or signed agreements are due in the program office on the date specified in the RFA or LOA.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS**

Notification will be approximately 4 weeks after receipt of the Grant Application or receipt of the signed LOA.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Primary Care Cooperative Agreement

**STATUTORY AUTHORITY:**

Public Health Service Act, Section 333D,

Public Law 100-177

**GRANT PROGRAM NO.** 06-50-CHS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To assist members of the Primary Care Association in preparation of health professional shortage area applications, conduct primary care needs assessments, which are regional specific to Primary Care Association members' needs and also target Urban Coordinating Council (UCC) cities designated by the Department of Community Affairs. To assist in recruitment and retention of National Health Service Corps Providers specific to target member and UCC service areas. Continuous award is based on satisfactory progress.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The amount of award: Approximately \$84,000. The availability of funds for this grant, April 1, 2005 and March 30, 2006, is contingent on federal appropriation from the Bureau of Primary Health Care for Community Development activities.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

New Jersey Primary Care Association

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Ability to coordinate the development and expansion of primary health care delivery system capacity with members and UCC cities. Knowledge of Division of Shortage Designation regulations and guidance.

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**APPLICATION PROCEDURES:**

1. Contact the Office of Primary Care.
2. Prepare Grant Application.

---

**FOR INFORMATION CONTACT:**

Office of Primary Care

Division of Family Health Services

50 E. State Street

P.O. Box 364

Trenton, NJ 08625

**TELEPHONE:** (609) 292-1495

**FAX:** (609) 292-3580

**E-MAIL:** linda.anderson@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Application to be received by February 1, 2005.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant notified by March 1 for grants starting April 1.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Healthcare Facility Preparedness Program

**STATUTORY AUTHORITY:**

P.L. 107-188, Section 319C-1 of the Public Health Service Act (42 U.S.C. 247d-3a)

**GRANT PROGRAM NO.** 06-27-HBT

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To upgrade the preparedness of New Jersey Healthcare Facilities, public health agencies that support healthcare facilities and pre-hospital responders to respond to bioterrorism and other health emergencies and to allow them to develop regional plans and operations that will be used to respond to bioterrorism and other health emergencies.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$10 million should be available in State Fiscal Year 2006. Awards should begin on August 31, 2005 and will be for a twelve-month period. The funding estimate may vary and is subject to state and federal appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Healthcare facilities, including acute care (general) hospitals, long term care facilities and federally qualified health centers; associations that represent healthcare facilities; designated LINCS health agencies; emergency medical services agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Healthcare facilities, including acute care (general) hospitals, long term care facilities and federally qualified health centers; associations that represent healthcare facilities; designated LINCS health agencies; emergency medical services agencies.

---

**APPLICATION PROCEDURES:**

Complete and submit a New Jersey Department of Health and Senior Services application for a grant.

---

**FOR INFORMATION CONTACT:**

New Jersey Department of Health & Senior Services  
Division of Health Emergency Preparedness & Response  
PO Box 360  
Trenton, NJ 08625-0360

**TELEPHONE:** (609) 984-0047

**FAX:** (609) 943-5116

**E-MAIL:** kouami.gaba@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

This information will be included in the formal request for application. Agency will be notified one month prior to budget period.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

This information will be included in the formal request for application. Agency will be notified one month prior to budget period.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Local Core Capacity Infrastructure for  
Bioterrorism Preparedness

**STATUTORY AUTHORITY:**

PL2001 Ch246 C.APP.A:9-64-77  
PHS 301 (A), 317 (K) (1) (2), 319 42USC241 (A)

**GRANT PROGRAM NO.** 06-29-BT

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To upgrade Local Information Network and Communications System (LINCS) Agencies' preparedness for and response to bioterrorism, other outbreaks of infectious disease, and public health threats and emergencies.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$12 million will be available in State Fiscal Year 2006 to fund up to 22 LINCS agencies. It is expected that the average award will be \$500,000, ranging from \$400,000 to \$600,000. The awards will begin on August 31, 2005, and cover a twelve month budget period. The funding estimate may vary and is subject to state and/or federal appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Eligibility is limited to local health departments or county environmental health agencies designated by the New Jersey Department of Health and Senior Services (NJDHSS) as LINCS agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Must be a local health department or county environmental health agency designed as a LINCS agency, and under the direction of a full-time licensed health officer employed by the health agency. Must have a record of satisfactory performance in LINCS program activities as determined by the NJDHSS.

---

**APPLICATION PROCEDURES:**

Complete and submit all required NJDHSS health service grant documents.

---

**FOR INFORMATION CONTACT:**

Carl Michaels  
New Jersey Department of Health & Senior Services  
Division of Local Public Health Practice  
and Regional Systems Development  
P.O. Box 360, 7<sup>th</sup> Floor  
Trenton, NJ 08625-0369

**TELEPHONE:** (609) 984-0363

**FAX:** (609) 292-4997

**E-MAIL:** carl.michaels@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Application must be submitted by: Varies by grant, information will be included in formal request for application.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Date by which applicant must be notified of grant award: usually one month prior to the funding period.

## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Health Programs for Refugees

**STATUTORY AUTHORITY:**

Immigration and Section 412 (B)(5)

**GRANT PROGRAM NO.** 06-30-RP

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To ensure that refugee arrivals receive a domestic health exam within 30 days of arrival to identify and treat infectious diseases of public health concern, identify and provide referral or treatment of chronic health conditions, and to introduce arrivals into the US healthcare system.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$80,000 should be available for State Fiscal Year 2006 to fund seven awards to Federally Qualified Health Centers. Each award begins on July 1, 2005 and will be for a twelve month budget period. The funding estimate may vary and is subject to state and federal appropriations. Applicants currently receiving health service grant money for the activity will be given first priority to receive funding.

---

**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
  2. General and specific Grant Compliance requirements issued by the Granting Agency.
  3. Applicable Federal Cost Principles relating to the Applicant.
- 

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Licensed Medical Practitioners capable of third party billing to New Jersey Medicaid.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Federally Qualified Health Centers capable of providing culturally sensitive and linguistically appropriate health exams to the newly arrived refugee populations resettled in New Jersey.

---

**APPLICATION PROCEDURES:**

Complete and submit a New Jersey Department of Health and Senior Services grant application.

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**FOR INFORMATION CONTACT:**

Program Manager, Infectious and Zoonotic Disease Program  
New Jersey Department of Health & Senior Services  
Communicable Disease Service  
P.O. Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** (609) 588-7500

**FAX:** (609) 588-3894

**E-MAIL:** Christine.Armenti@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant, information included in formal request for application.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Usually one month prior to funding period.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Implementation of New Jersey Comprehensive Cancer  
Control Plan at the County Level

**GRANT PROGRAM NO.** 06-84-CCC**STATUTORY AUTHORITY:**

SFY2005 Appropriations Act P.L. 2004, C.71

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Implementing New Jersey's Comprehensive Cancer Control Plan at the county level through coalition building and subsequent creation of a supportive infrastructure. This will be accomplished by maintaining existing relationships and identifying/including key stakeholders committed to implementing the Plan and by utilizing the respective County Capacity/Needs Assessment and Coalition reports as guidance documents.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$1,365,000 for FY2006 with awards beginning July 1, 2005 for a one year period. Applications who have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

NJCEED Lead Agencies, NJLINCS, Local Health Departments.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Experience with coalition building at the county level as well as expertise with Office of Cancer Control and Prevention (OCCP) Capacity/Needs Assessment Reports. Prepare and submit a NJDHSS grant application.

---

**APPLICATION PROCEDURES:**

Complete and submit a New Jersey Department of Health and Senior Services application for a grant.

---

**FOR INFORMATION CONTACT:**

Margaret L. Knight, RN, M.Ed.  
Executive Director  
3635 Quakerbridge Road  
Hamilton, NJ 08619

**TELEPHONE:** (609) 588-7681**FAX:** (609) 588-4992**E-MAIL:** peg.knight@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

April 4, 2005

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

April 29, 2005

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Minority Immunization Outreach and Education

**GRANT PROGRAM NO.** 06-32-IMM**STATUTORY AUTHORITY:**

PHS Act, Sec. 1904, USC 300w-3

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To continue supporting currently funded immunization outreach and education grantees to increase childhood immunization levels among racial/ethnic minorities and medically underserved populations in Asbury Park, New Brunswick, Vineland and Newark.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately up to \$300,000 may be available in Federal Fiscal Year 2006 for continuation funding. It is expected that the average award will be approximately \$80,000. Awards will be granted beginning January 1, 2006 and ending December 31, 2006. Funding may vary from these estimates and is subject to availability of State and Federal appropriations.

---

**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

---

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Community-based non-profit organizations currently funded by the New Jersey Department of Health and Senior Services to provide immunization outreach and education services in Asbury Park, New Brunswick, Vineland and Newark.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

The applicant must demonstrate a history or the ability to provide creative and effective culturally, ethnically and linguistically appropriate services in locations in close proximity to the target population(s), and an understanding and background knowledge of the health needs of racial/ethnic minorities and medically underserved populations.

---

**APPLICATION PROCEDURES:**

Prepare and submit a Grant Application.

---

**FOR INFORMATION CONTACT:**

Chief, Vaccine Preventable Disease Program

Division of Epidemiology, Environmental & Occ Hlth Svc

PO Box 369

Trenton, NJ 08625-0369

**TELEPHONE:** (609) 588-7520**FAX:** (609) 588-3642**E-MAIL:** katherine.wytovich@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Usually one month prior to the funding period.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Pilot Spay/Neuter Clinic

**STATUTORY AUTHORITY:**

Public Law 1983, Chapter 180; P.L. Chapter 181;  
P.L. 1989, Chapter 93

**GRANT PROGRAM NO.** 06-33-APC

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To operate a low cost spaying and neutering clinic in compliance with all program specifications and those requirements as defined by Public Laws 1983, c 180, 181, and Public Law 1989, c. 93.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon State Appropriations of revenues generated by annual dog license surcharges. Approximately \$95,000 will be available in State Fiscal Year 2006 to the Pilot Spray Neuter Clinic. Contact the individual identified on this form to determine whether the funds have been awarded.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

This is a pilot project, therefore, a noncompetitive continuation grant is awarded.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

1. Non-profit agency.
2. Located in a service area having a high relative need for a low cost spaying and neutering service.
3. Reasonable plan for a community educational program with a full-time clinic director and a full-time bookkeeper.

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**APPLICATION PROCEDURES:**

Agencies applying for grant funds must complete an application for Grant and submit to office listed below. However, at this time, the grant is designated pilot, therefore, it is for a noncompetitive continuation grant.

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**FOR INFORMATION CONTACT:**

Program Manager, Infectious and Zoonotic Disease Program  
New Jersey Department of Health & Senior Services  
Communicable Diseases Service  
P.O. Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** (609)588-3121

**FAX:** (609) 588-3894

**E-MAIL:** christina.tan@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Date by which applicant must be notified of grant award: Usually two (2) months prior to funding period.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Cooperative Agreement for Research on the Ecology  
of Lyme Disease in the United States

**STATUTORY AUTHORITY:**

Public Hlth Serv Act, Sec 301, 42 USCA,  
Sec 241 as amended & Pub Hlth Serv Sec 317,  
42 USCA, Sec 247B as amended

**GRANT PROGRAM NO.** 06-34-LYM

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To study the ecology of Lyme disease in New Jersey.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$300,000 should be available in State Fiscal Year 2006 to fund one award. The award will begin on April 1, 2006 and will be for a twelve month period. The funding estimate may vary and is subject to federal appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Funding is limited to local health departments and mosquito commissions located within the hyperendemic Lyme disease areas of New Jersey and educational institutions such as colleges and universities which provide training in environmental health sciences.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Must be a local health department or mosquito commission with proven experience providing environmental health and epidemiological surveillance and research.

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**APPLICATION PROCEDURES:**

Complete and submit a New Jersey Department of Health and Senior Services application for a Grant.

---

**FOR INFORMATION CONTACT:**

Program Manager, Infectious and Zoonotic Disease Program  
New Jersey Department of Health & Senior Services  
Communicable Diseases Service, P.O. Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** (609) 588-7500

**FAX:** (609) 588-7433

**E-MAIL:** Christina.Tan@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant, information will be included in formal request for application.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Usually one month prior to the funding period.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Sexually Transmitted Disease

**STATUTORY AUTHORITY:**

State Appropriation Act (P.L. 1994, C. 67)

**GRANT PROGRAM NO.** 06-36-STD

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To augment existing Sexually Transmitted Disease services, such as improved diagnostic functions and to perform intervention, educational and prevention activities.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$300,000 should be available in State Fiscal Year 2006 to fund several awards. Awards will be made for a twelve-month period beginning July 1, 2005. Funding estimates may vary and are subject to State and federal appropriations. Applicants currently receiving grants for these activities and have performed satisfactory will be given priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Applicants are accepted from local health departments, hospital-based clinics, CBO's and Health Centers.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

The agency must have the ability to provide individual services to a minimum of 100 clients per month.

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**APPLICATION PROCEDURES:**

Complete and submit a New Jersey Department of Health and Senior Services Application for a Grant.

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**FOR INFORMATION CONTACT:**

Program Manager, STD Program  
New Jersey Department of Health and Senior Services  
Communicable Disease Service  
P.O. Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** (609) 588-7526

**FAX:** (609) 588-7462

**E-MAIL:** jerry.carolina@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies. Information will be included in formal request for application

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Usually one month prior to the funding period.

## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Special Program to Increase Immunization Levels

**STATUTORY AUTHORITY:**

Public Health Service Act as Amended

**GRANT PROGRAM NO.** 06-22-IMM

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To continue support to selected local and state initiatives to substantially increase immunization levels. The majority of funds are intended to be allocated for increasing vaccine service delivery and ensuring a strong follow-up component both in traditional and non-traditional medical settings in normal and epidemic times; some funds may be used for related immunization assessment, outreach, and information/education activities.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$2,500,000 may be available in Federal Fiscal year 2006 to fund 12-13 awards. Awards will begin on January 1, 2006 and will be for a 12 month budget period. Funding estimates may vary and are subject to state and federal appropriations. Applicants currently receiving grants for these activities and who have performed satisfactory will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
  2. General and specific Grant Compliance requirements issued by the Granting Agency.
  3. Applicable Federal Cost Principles relating to the Applicant.
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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local governmental entities, State agencies, non-profit corporations, licensed ambulatory care facilities and hospitals, and primary care centers in New Jersey which provide services in urban settings or depressed rural areas.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Experience with Community Health and pediatric preventive care issues in highly urbanized areas of New Jersey. Ability to provide immunization services at a variety of sites and also in non-traditional medical settings in targeted areas of need. Must be a professionally licensed organization which can provide these services in accordance with state and federal guidelines. Demonstrate ability in working with other state and local programs operating within a geographical area and within the local health jurisdiction.

---

**APPLICATION PROCEDURES:**

Prepare and submit a Grant Application.

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**FOR INFORMATION CONTACT:**

Chief, Vaccine Preventable Disease Program  
Division of Epidemiology, Environmental & Occ Hlth Svc  
PO Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** (609) 588-7520

**FAX:** (609) 588-3642

**E-MAIL:** Katherine.wytovich@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Usually one month prior to the funding period.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Tobacco Age-of-Sale Enforcement

**STATUTORY AUTHORITY:**

C.26:3A2-20-1

**GRANT PROGRAM NO.** 06-8-TOB

**TYPE OF AWARDS TO BE ISSUED:**

Performance-based Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Grants provided to local health agencies to enforce New Jersey's law prohibiting the sale of tobacco products to youth under the age of 18. Grantees will conduct unannounced compliance check inspections of retail tobacco merchants and will provide follow-up activities.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

It is expected that \$400,000 will be available for these services. Available funds apportioned based on the number of retail tobacco license fees collected by New Jersey Department of Treasury. Grants are expected to be executed for a twelve month period.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local health departments.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must file a "Notice of Intent to Participate," which is available from the individual listed below.

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**APPLICATION PROCEDURES:**

Contact the Tobacco Age-of-Sale-Enforcement Program and file a "Notice of Intent to Participate."

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**FOR INFORMATION CONTACT:**

Laura Hernandez-Paine

Office of the State Epidemiologist

Comprehensive Tobacco Program (CTCP)

TASE

New Jersey Department of Health and Senior Services

PO Box 373

Trenton, NJ 08625-0373

**TELEPHONE:** (609) 292-0840

**FAX:** (609) 984-3346

**E-MAIL:** Laura.Hernandez-Paine@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

"Notice of Intent to Participate" will be accepted throughout the year. Applicants will be notified of grant amount by February 2005.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification date will be included in the RFA.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Tobacco Control Prevention and Education Services

**STATUTORY AUTHORITY:**

PHS Title IV, Part, P.L. 78-410, as amended by  
P.L. 99-158, 42USC24H 285, P.L. 2002 C 43

**GRANT PROGRAM NO.** 06-9-TOB

**TYPE OF AWARDS TO BE ISSUED:**

Performance-based Grants  
Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Grants will be awarded to agencies to provide services designed to: decrease the acceptance and use of tobacco among all populations; decrease the number of adolescents, youth and young adults ages 18-24 who start smoking; increase the number of people who start and maintain treatment for nicotine dependence; decrease involuntary exposure to second hand smoke; identify and respond to tobacco use among different populations.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

An estimated \$11 million may be available to fund these services.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

1. Not-for-profit agencies, educational institutions, governmental agencies, hospitals and other licensed health care facilities. Entities affiliated with the tobacco industry are not eligible for funding. 2. Applicants must meet the programmatic standards established by the Office of the State Epidemiologist. 3. Applicants with a successful history of providing services will be given preference.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrated history in developing and providing tobacco control and other health related prevention and education services. Depending on grant, demonstrated ability to build appropriate community-wide, county-wide and regional coalitions.

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**APPLICATION PROCEDURES:**

1. Contact the office below for instructions. 2. Applicants may be asked to submit a 2-page concept paper describing proposed activities including tentative budget. 3. Based on funding availability for new projects, a request for applications (RFA) will be published by the Program and distributed to all eligible entities and agencies/individuals who have requested funding.

---

**FOR INFORMATION CONTACT:**

Laura Hernandez-Paine

Comprehensive Tobacco Control Program (CTCP)

P.O. Box 373

Trenton, NJ 08625-0373

**TELEPHONE:** (609) 984-3317

**FAX:** (609) 984-3346

**E-MAIL:** laura.hernandez-paine@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Concept papers may be submitted any time during the year. The specific deadline for submission and date of notification will be published in a RFA.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification date will be included in the RFA.



## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Tuberculosis Control-Ambulatory Care Services

**STATUTORY AUTHORITY:**

Public Health Services Act, Section 301 (A),  
Page 43; Section 317 (A10, page 72-75; State  
Appropriations Act [Public Law 1994, Chapter 67])

**GRANT PROGRAM NO.** 06-37-TB

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide clinical care, treatment, nursing case management and outreach services to TB cases, suspects and their associated contacts for a defined group of local health jurisdictions.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$3,000,000 in funds should be available in the 2006 grant year. Awards will be made for a 12-month budget period beginning July 1, 2005 or January 2006. Funding estimates will vary and are subject to state and federal appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local health departments and/or private hospitals proposing to provide outpatient clinical care, treatment per established guidelines, nursing case management and patient outreach services (optional if provided locally by formal agreement with referring jurisdictions) under the designation of a New Jersey Department of Health and Senior Services TB chest clinic site.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

The areas to be served must, during the three previous calendar years, either be (1) a county with an average of 45 or more verified publicly managed TB cases or (2) serve a multi-county region with an average of 45 or more publicly managed verified TB cases.

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**APPLICATION PROCEDURES:**

Complete and submit a New Jersey Department of Health and Senior Services application for a grant.

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**FOR INFORMATION CONTACT:**

Manager, Tuberculosis Program  
New Jersey Department of Health and Senior Services  
P.O. Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** (609) 588-7522

**FAX:** (609) 588-7562

**E-MAIL:** thomas.privett@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies. Information will be included in formal request for application. Date by which applicant must be notified by grant award: Usually one month prior to the funding period.

## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Tuberculosis Control-Case Management Assistance

**GRANT PROGRAM NO.** 06-28-TB

**STATUTORY AUTHORITY:**

Public Health Services Act, Section 301 (A), Page 43

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide the availability of appropriate incentives and enablers to assist in the case management of TB cases, suspects and their associated contacts to local health jurisdictions statewide to improve performance against stated objectives. To provide scholarships/sponsorship/credentialing for the education and training of physicians, nurses and ancillary staff working with TB patients throughout New Jersey.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$100,000 in funds should be available in the 2006 grant year. Awards will be made for a 12-month budget period beginning January 1, 2006. Funding estimates will vary and are subject to state and federal appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
  2. General and specific Grant Compliance requirements issued by the Granting Agency.
  3. Applicable Federal Cost Principles relating to the Applicant.
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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Non-profit, non-governmental organizations with credibility in the field of tuberculosis education, training, prevention and control.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

The willingness and ability to solicit and provide a wide array of incentives and enablers to a diverse patient population throughout New Jersey and to maintain effective accounting and control measures to ensure appropriate utilization in the local health jurisdictions. The demonstrated ability to coordinate credentialed education and training for health professionals throughout New Jersey.

---

**APPLICATION PROCEDURES:**

Complete and submit a New Jersey Department of Health and Senior Services application for a grant.

---

**FOR INFORMATION CONTACT:**

Manager, Tuberculosis Program

New Jersey Department of Health and Senior Services

P.O. Box 369

Trenton, NJ 08625-0369

**TELEPHONE:** (609) 588-7522

**FAX:** (609) 588-7562

**E-MAIL:** thomas.privett@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies. Information will be included in formal request for application. Date by which applicant must be notified by grant award. Usually one month prior to the funding period.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Rural Health Program

**GRANT PROGRAM NO.** 06-71-HPF**STATUTORY AUTHORITY:**

Public Health Services Act P.L. 101-597 SEC 338J

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The objectives of this grant will be to initiate a clearing house on Rural Health information; to coordinate all activities statewide which impact on Rural Health; to identify federal and state programs regarding Rural Health and provide technical assistance to public and nonprofit entities; and to promote the recruitment and retention of health professionals to work in rural areas.

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**AMOUNT OF FUNDS IN THE GRANT PROGRAM:**

Approximately \$150,000 is available in SFY 2006 to fund a single award. The award will begin on or about July 1, 2005 and will be made for a twelve month budget period with a project period of up to three years. Continuation awards will be made based on satisfactory progress and availability of funds.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Nonprofit agencies incorporated within New Jersey with the ability to provide statewide representation to all rural constituents. Applicants with a successful history of managing the State Office of Rural Health will be given preference.

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**QUALIFICATIONS NEEDED BY AN APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrated history and understanding of health needs in rural areas of New Jersey. These issues include access and actual service delivery. See criteria outlined in the Request for Application (RFA) for additional qualifications.

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**APPLICATION PROCEDURES:**

A formal RFA will be distributed to interested parties by the Division of Health Care Quality & Oversight, Office of Administrative Services on or about March 1, 2005. Submit a letter of intent prior to March 1, 2005. Complete a New Jersey Department of Health and Senior Services grant application.

---

**FOR INFORMATION CONTACT:**

Ed Paknis

Health Care Quality & Oversight

P.O. Box 360

Trenton, NJ 08625

**TELEPHONE:** (609) 943-4274**FAX:** (609) 984-3165**E-MAIL:** Ed.Paknis@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications must be submitted as specified in the formal RFA.

---

**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicants will be notified also as per the RFA.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Adult Day Services Program for Persons with  
Alzheimer's Disease or Related Disorders

**STATUTORY AUTHORITY:**

New Jersey Statute 26:2M-9 et seq.

**GRANT PROGRAM NO.** 06-51-GER

**TYPE OF AWARDS TO BE ISSUED:**

Letters of Agreement - Fee for Service

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide structured, supervised adult day services for persons with limited financial resources who have a diagnosis of Alzheimer's disease or a related dementia; to provide counseling, referral and education to support caregivers.

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**AMOUNT OF FUNDS IN THE GRANT PROGRAM:**

Approximately \$2.4 million should be available in Fiscal Year 2006 to reimburse 55-60 agencies. Eligible clients are reimbursed under terms of the agency's letter of agreement. Agencies, currently receiving letters of agreement for these activities, who have performed satisfactorily will be given first priority for continued funding. Legislation requires reimbursement be no more than 75 percent.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Existing agencies that offer adult day services for persons with forms of dementia. Priority is given to currently approved programs and new applicants in underserved areas of the State.

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**QUALIFICATIONS NEEDED BY AN APPLICANT TO BE CONSIDERED FOR A GRANT:**

1. Ability to meet the nursing, psychosocial and recreational needs of persons in middle to late stages of dementia.
2. Ability to provide a safe, therapeutic milieu.
3. Ability to offer supportive services and education for caregivers.

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**APPLICATION PROCEDURES:**

Determine from the Division of Aging and Community Services that funds are available. Request application. Submit completed application to the Alzheimer's Adult Day Services Program by specified deadline.

---

**FOR INFORMATION CONTACT:**

Elizabeth S. Vosskaemper, Contracts Administrator  
MIS and Data Management  
NJDHSS - Division of Aging and Community Services  
P.O. Box 807  
Trenton, NJ 08625-0807

**TELEPHONE:** (609) 943-3475

**FAX:** (609) 633-8081

**E-MAIL:** elizabeth.vosskaemper@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Existing providers must submit applications by April 1, 2005. Submission of applications is ongoing for new applicants.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Existing providers will be notified by May 1, 2005. Notification of awards is ongoing for new applicants.

## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Congregate Housing Services Program

**STATUTORY AUTHORITY:**

P.L. 1981, Chapter 553 A 3626

N.J.A.C. 5:70 1.1 et seq.

**GRANT PROGRAM NO.** 06-53-CHP

**TYPE OF AWARDS TO BE ISSUED:**

Letters of Agreement with cost-reimbursement/  
fee for service

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide supportive services (i.e. one nutritionally balanced meal daily in a family style setting, housekeeping and personal assistance) to frail, low-income elderly persons residing in subsidized housing facilities; to provide financial assistance to those persons who are in need of basic services but cannot afford the cost of such services.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grant awards range from approximately \$15,000 to \$300,000 from the State Appropriation and Casino Revenue Fund. There is also a participant contribution based on a co-pay scale as well as an optional grantee contribution.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Subsidized housing agencies interested in assisting elderly residents in need of supportive services.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Qualified housing agencies are non-profit or limited divided housing sponsors, owners, entities, or individuals, or municipalities, counties, or public authorities maintaining or operating a congregate housing facility under a federal low or moderate income housing program, under a NJHMFA program or under other programs for low and moderate income occupancy. Preference will be given to current recipients of Congregate Housing Services Program grants.

---

**APPLICATION PROCEDURES:**

Submit a Letter of Interest delineating the need and proposed method of implementing congregate dining and the delivery of supportive services in the subsidized building(s). Then, based on the availability of funds, a request for proposal (RFP) will be released by the Department to eligible candidates.

---

**FOR INFORMATION CONTACT:**

Amy Ancharski, Administrator  
Congregate Housing Services Program  
Division of Aging Community Services  
P.O. Box 807  
Trenton, NJ 08625-0807

**TELEPHONE:** (609) 633-8549

**FAX:** (609) 943-4981

**E-MAIL:** amy.ancharski@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Letters of Interest are accepted throughout the year.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Specific deadlines will be released along with the RFP.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Volunteer Advocate Program

**STATUTORY AUTHORITY:**

Title VII of Older American Act

**GRANT PROGRAM NO.** 06-56-PAS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The purpose of this grant is to provide advocacy functions necessary to maintain the health, safety and welfare of elderly (60 years of age or older) residents of long term care facilities in the northern counties of the State, specifically, Region I (Essex, Hudson, Morris & Union counties) and Region II (Bergen, Passaic, Sussex, Warren, Somerset and Hunterdon counties); to promote their civil and human rights; to promote linkages with appropriate service providers and facilitate problem resolution on behalf of clients who are unable or unwilling to advocate for themselves.

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**AMOUNT OF FUNDS IN THE GRANT PROGRAM:**

Approximately \$80,000 should be available in FY 2005 to fund two awards. It is expected that the average award will be \$40,000 for each regional program. Awards will begin on January 1, 2005 and will be made for a 12 month period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards within an approved project period will be based on satisfactory progress and availability of funds. Applicants currently receiving Health Service Grants for this function and have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local agencies, private and public not-for-profit agencies, and community-based agencies. Preference will be given to current recipients of Health Service Grants.

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**QUALIFICATIONS NEEDED BY AN APPLICANT TO BE CONSIDERED FOR A GRANT:**

Agencies applying for Title VII funds must be public agencies or private not-for-profit (501C3).

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**APPLICATION PROCEDURES:**

1. Contact Department of Health and Senior Services, Office of the Ombudsman for the Institutionalized Elderly for information regarding availability of grant awards.
2. Based on funding availability, Letter of Intent should be submitted to the Office of the Ombudsman, with brief description of proposed project proposal for regional provider counties referenced above.
3. Prepare Health Service Grant Application.

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**FOR INFORMATION CONTACT:**

Joann Cancel, Program Coordinator  
Department of Health & Senior Services – DOA & CS  
Ombudsman for the Institutionalized Elderly  
P.O. Box 807  
Trenton, NJ 08625-0807

**TELEPHONE:** (609) 943-4022

**FAX:** (609) 943-3479

**E-MAIL:** joann.cancel@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Letter of Intent due by December 5, 2004 for January 1, 2005 grants.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicants will be notified within two weeks from submission of Letter of Intent, or December 19, 2004.

## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Case Management Services  
Special Child Health and Early Intervention Svs.

**GRANT PROGRAM NO.** 06-57-SCH

**STATUTORY AUTHORITY:**

N.J.S.A. 26:1A-37; Title 26:2H-1 Health Care Facility  
Planning Act, N.J.S.A. 26:2-60; N.J.S.A. 9:13 et seq.

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide partial support to twenty-one (21) existing Special Child Health Services Case Management Units. To assure that children with special health needs will have their care coordinated, and that parents receive assistance in addressing the needs of their children.

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**AMOUNT OF FUNDS IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon State or Federal appropriations. It is expected that 21 county grants will be supported. Approximately \$2,500,000 is awarded annually. The grant period is from July 1, 2005 to June 30, 2006.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Funding is limited to one case management unit in each county selected jointly by the County Board of Chosen Freeholders and Special Child Health Services.

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**QUALIFICATIONS NEEDED BY AN APPLICANT TO BE CONSIDERED FOR THE GRANT:**

Must be a private non-profit or government agency with proven experience serving the special health needs of physically handicapped or chronically ill children. Must be able to provide services on a county-wide basis. Preference will be given to continuation of existing applicants who have performed satisfactorily.

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**APPLICATION PROCEDURES:**

Grants are offered as partial support to existing SCHS Case Management Units, process is non-competitive.

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**FOR INFORMATION CONTACT:**

Bonnie Teman  
Special Child Health and Early Intervention Svs.  
PO Box 364  
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[Bonnie.Teman@doh.state.nj.us](mailto:Bonnie.Teman@doh.state.nj.us)

**TELEPHONE:** (609) 777-7778

**FAX:** (609) 292-3580

**E-MAIL:**

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Application deadline is April 1, for funding July 1, 2005.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification of award will be made on or about May 15, 2005.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Child Evaluation Centers  
Special Child Health and Early Intervention Svs.

**GRANT PROGRAM NO.** 06-58-SCH**STATUTORY AUTHORITY:**

N.J.S.A. 26:2-60 Title V of the Social Security  
Act, Maternal and Child Health Block Grant

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Child Evaluation Centers are funded to provide a variety of evaluative services to assess the needs of children with congenital or acquired neurodevelopmental disorders including communication, learning and behavioral disorders.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent on State and Federal appropriations as well as some Casino funds. Approximately \$2 million is expected to be available to support 11 centers. The grant period is from July 1, 2005 to June 30, 2006.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Public and private non-profit medical facilities which are licensed in New Jersey, and accredited by the Joint Commission Accreditation of Healthcare Organization.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must meet criteria for funding available from the program. Preference will be given to continuation of existing applicants who have performed satisfactorily.

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**APPLICATION PROCEDURES:**

Agencies will receive continuation applications on or before March 14, 2005.

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**FOR INFORMATION CONTACT:**

Elizabeth K. Collins  
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**TELEPHONE:** (609) 777-7778**FAX:** (609) 292-3580**E-MAIL:** Elizabeth.Collins@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Application deadline is April 17, 2005.

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**APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification of award will be made on/or about May 19, 2005.



## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Early Intervention System  
Special Child Health and Early Intervention Svcs.

**GRANT PROGRAM NO.** 06-61-SCH**STATUTORY AUTHORITY:**

P.L. 105-117 (Part C of IDEA)  
and P.L. 1993, Chapter 309

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement grants or letters of agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide support for a statewide network of early intervention services for developmentally delayed/disabled children birth to three and their families.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this activity are contingent upon State and Federal appropriations. Approximately \$80,000,000 should be available to fund Regional Early Intervention Collaboratives and direct providers of early intervention services. Continuation awards within an approved project period will be based on satisfactory performance and will affect the amount of funds available for new competitive grants. The grant period is from July 1, 2005 to June 30, 2006.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES THAT MAY APPLY FOR THE GRANT PROGRAM:**

For-profit or not-for-profit corporation, government agency, hospital, school, college, or university.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

1. Demonstrated ability and capacity to meet the programmatic requirements.
2. Certified financial audit, for the most recent completed fiscal year, by an independent auditor.
3. Demonstrated successful experience in providing direct services to infants/toddlers birth to three with developmental delay and their families.

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**APPLICATION PROCEDURES:**

Submit a completed "Request for Enrollment" and as appropriate submit an enrollment package for consideration. A description of the enrollment process and "Request for Enrollment" is available at [www.state.nj.us/health/fhs/eiphome.htm](http://www.state.nj.us/health/fhs/eiphome.htm). Based on funding availability for new projects, a formal request for application will be published by the program. If requested in the RFA, submit a Letter of Intent to Apply, preliminary cost summary, and a preliminary personnel summary to the Office of the Part C Coordinator (see below). Submit grant application in accordance with the requirements in the formal request for application, an audited financial statement, and opinion by an independent certified auditor.

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**FOR INFORMATION CONTACT:**

Terry Harrison  
New Jersey Early Intervention System  
P.O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 777-7734**FAX:** (609) 292-0296**E-MAIL:** [terry.harrison@doh.state.nj.us](mailto:terry.harrison@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

The schedule can vary by type of grant. Schedules will be included in the various requests for application. Typically, the schedule is as follows: RFAs are released prior to March and application deadline is 30 days after release of RFA.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification of Award is prior to July 1, 2005.

## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Hemophilia Services

Special Child Health and Early Intervention Services

**STATUTORY AUTHORITY:**

N.J.S.A. 26:2-90

**GRANT PROGRAM NO.** 06-62-SCH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide partial support to currently funded regional hemophilia treatment services for patients residing in New Jersey and to provide partial support for the purchase of insurance policies for individuals with hemophilia on home care/infusion treatment.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon State Appropriations. It is expected that four health services grants and one insurance grant will be supported. Approximately \$1 million is awarded annually. The grant period is from July 1, 2005 to June 30, 2006.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
  2. General and specific Grant Compliance requirements issued by the Granting Agency.
  3. Applicable Federal Cost Principles relating to the Applicant.
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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

A portion of these funds are granted to the Hemophilia Association of NJ as a sole source grant for the purchase of insurance policies. New Jersey medical schools and public and private non-profit hospitals with experience in caring for those with hemophilia in New Jersey may apply for the direct services funds. Priority will be given to continuation applications from regional treatment programs.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicant must meet "Approval Criteria Guidelines for Hemophilia Services" which are available on request from the address listed below. Preference will be given for continuation to existing grantees with satisfactory performance.

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**APPLICATION PROCEDURES:**

An application for continuation of these existing Health Services Grants is available on the web at [www.state.nj.us/health/grants](http://www.state.nj.us/health/grants).

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**FOR INFORMATION CONTACT:**

Mary Mickles

Special Child Health and Early Intervention Services

P.O. Box 364

Trenton, NJ 08625-0364

**TELEPHONE:** (609) 292-1582

**FAX:** (609) 943-5752

**E-MAIL:** [Mary.Mickles@doh.state.nj.us](mailto:Mary.Mickles@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications must be received by April 19, 2005 for funding to begin July 1, 2005.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notice of recommendation of award will be made on or about May 24, 2005.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

N.J. Statewide Family Centered HIV Care Network  
Special Child Health and Early Intervention Services

**STATUTORY AUTHORITY:**

Public Health Service Act, Sec. 2671 42USC300  
P.L. 101-381 Ryan White Title IV

**GRANT PROGRAM NO.** 06-65-SCH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide comprehensive, culturally sensitive, coordinated care for infants, children, youth, women and families with HIV infection. Family referrals are made to appropriate medical and community-based care organizations. This will assure access to medical and social services for families without adequate resources.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon State or Federal Appropriations. It is expected that 7 grants will be supported. Approximately \$2,000,000 is awarded annually. The grant period is from August 1, 2005 to July 31, 2006.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES THAT MAY APPLY FOR THE GRANT PROGRAM:**

Public and private non-private hospitals, health care agencies with experience in managing HIV infected infants, children, women and families in New Jersey. Priority will be given to existing regional/affiliate Network agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must meet criteria for funding available from the program. Preference will be given to continuation of existing applicants who have performed satisfactorily. If additional/supplemental funds become available, agencies meeting program criteria will be solicited for participation through the RFP process.

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**APPLICATION PROCEDURES:**

Applicant must be capable of meeting certain criteria established by program, which is available upon request from the address listed below.

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**FOR INFORMATION CONTACT:**

Jane Caruso  
Special Child Health and Early Intervention Services  
P.O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 777-7778

**FAX:** (609) 292-9288

**E-MAIL:** Jane.Caruso@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Application deadline is May 1, 2005 for funding August 1, 2005.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification of award will be made on or about July 15, 2005.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Newborn Screening and Genetic Services  
Special Child Health and Early Intervention Services

**GRANT PROGRAM NO.** 06-64-SCH**STATUTORY AUTHORITY:**

N.J.S.A. 26:2-60; N.J.S.A. 26:5B-1; Title V of the  
Social Security Act, MCH Block Grant

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide partial support to the regional agencies providing pediatric specialty care for infants and children identified through newborn biochemical screening to ensure access to confirmatory testing and comprehensive treatment and counseling services and professional, patient and community education/information.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

It is expected that approximately \$1.6 will be available for SFY 2006 to support the SCHEIS statewide network of biochemical genetics laboratories, genetic counseling and pediatric specialty centers serving children with low incidence conditions such as cystic fibrosis, sickle cell disease, metabolic, endocrine and other genetic disorders. The grant period is from July 1, 2005 to June 30, 2006.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES THAT MAY APPLY FOR THE GRANT PROGRAM:**

New Jersey medical schools and public and private non-profit hospitals with experience in caring for those with inherited disorders identified through the newborn biochemical screening program. Preference will be given to continuation applications from regional programs.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicant must be capable of meeting minimum criteria guidelines which are available on request from the address listed below. Preference will be given for continuation to existing grantees with satisfactory performance.

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**APPLICATION PROCEDURES:**

An application for continuation of these existing Grants is available on the web at [www.state.nj.us/health/grants](http://www.state.nj.us/health/grants).

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**FOR INFORMATION CONTACT:**

Mary Mickles  
Special Child Health and Early Intervention Services  
PO Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 292-1582**FAX:** (609) 943-5752**E-MAIL:** [Mary.Mickles@doh.state.nj.us](mailto:Mary.Mickles@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications must be received by April 19, 2005 for funding to begin July 1, 2005.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notice of recommendation of award will be made on or about May 24, 2005.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Pediatric Tertiary Services  
Special Child Health and Early Intervention Services

**GRANT PROGRAM NO.** 06-66-SCH**STATUTORY AUTHORITY:**

N.J.S.A. 26:2-60; N.J.S.A. 26:5B-1, Title V of the  
Social Security Act, MCH Block Grant

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide partial support to regional agencies providing pediatric subspecialty care for infants and children with chronic illness or severe disabilities, to assure access for children with special needs, especially those without adequate resources.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

It is expected that approximately \$1.6 million will be available in SFY 2006 to support the SCHEIS statewide network of pediatric subspecialty centers and centers to provide comprehensive care for children with cleft lip/palate and craniofacial anomalies. The grant period is from July 1, 2005 to June 30, 2006.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Public or private non-profit hospitals licensed in New Jersey. Priority will be given to existing regional agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicant must meet the criteria for funding available from the program. Preference will be given to continuation of existing applicants who have performed satisfactorily.

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**APPLICATION PROCEDURES:**

An application packet for a continuation of existing grants will be mailed by the Department on/or before March 14, 2005.

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**FOR INFORMATION CONTACT:**

Elizabeth K. Collins  
Special Child Health and Early Intervention Services  
PO Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 777-7778**FAX:** (609) 292-3580**E-MAIL:** Elizabeth.Collins@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Application deadline is April 15, 2005.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification of award will be made on/or about May 19, 2005.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Special Supplemental Nutrition Program for Women  
Infants and Children (WIC)

**STATUTORY AUTHORITY:**

Childhood Nutrition Act of 1966, as amended  
and WIC Federal Regulations 7 CFR Part 246

**GRANT PROGRAM NO.** 06-68-SCH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To improve the nutrition and health status of eligible pregnant and lactating women and eligible children; encourage the utilization by each WIC participant of available health and social services; promote breastfeeding among all eligible lactating women; and provide fresh fruits and vegetables to eligible WIC women and children.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$15,000,000 should be available in federal fiscal year 2006 to fund 22 awards. It is expected that the average award will be \$565,000, ranging from \$77,000 to \$1,700,000. Awards will begin October 1, 2005 and will be made for a 12-month budget period. Funding estimates may vary and are subject to annual appropriation by the U.S. Department of Agriculture (USDA). Applicants currently receiving grants for these activities, who have performed satisfactorily, will be given first priority for continued funding. The Applicant applies for a multi-year period, (up to three-years) effective October 1, 2005.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Public or private non-profit health agencies, county and municipal health departments, hospitals, county welfare organizations, social services organizations that can provide clinical services, and non-profit community action programs that can provide or contract for clinical services.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

1. Meet qualifications published in the WIC Program Consolidated Regulations (January 2003 Edition), FNS 7 CRF, Chapter II, Subchapter A, Section 246.5, "Selection of local agencies",
2. The ability to perform program services as stated above, and
3. Meet state policies and federal program specifications.

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**APPLICATION PROCEDURES:**

An application for a grant will be mailed by the Department to current recipients, and to new, qualified applicants who have submitted a Letter of Intent in compliance with all the applicable requirements. The completed application is to be returned to the Department for consideration.

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**FOR INFORMATION CONTACT:**

Deborah Jones, Director

WIC Services

P.O. Box 364

Trenton, NJ 08625-0364

**TELEPHONE:** (609) 292-9560

**FAX:** (609) 292-9288

**E-MAIL:** Deborah.Jones@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications must be received by June 2, 2005.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Grant awards will be made on or before October 1, 2005.